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SPECIAL ARTICLES.

REPORT OF THE COMMITTEE OF SEVEN ON THE PROPHYLAXIS OF VENEREAL DISEASE IN NEW YORK CITY.

BY THE CHAIRMAN.

THE Committee of Seven appointed by the President of the Medical Society of the County of New York for the "Study of Measures for the Prophylaxis of Venereal Diseases," in pursuance of a resolution adopted by the Society February 25, 1901, begs leave to submit the following report.

The Committee organized April 4th by the election of Dr. Prince A. Morrow, as Chairman, and Dr. L. Weiss, Secretary. A number of meetings have been held.

As the study of measures for reducing the morbidity and mortality from venereal diseases was the object of the Committee's creation, it was thought that some definite knowledge of the magnitude and extent of the evil and the nature and causes of the conditions concerned in its spread would form the best groundwork for an intelligent study of the remedial measures to be recommended.

At the outset the Committee was confronted by the fact that there were no statistics regarding the prevalence of venereal diseases in this city. The existence of this class of diseases has always been ignored by the sanitary authorities and the amount of venereal morbidity was purely conjectural. In outlining the plan and scope of the Committee's work it was decided that an investigation should be made of the prevalence of venereal diseases in both private and public practice in this city.

With this view the following circular letter was drafted and a copy sent to each of the 4,750 physicians resident in Greater New York.

NEW YORK, May 1st, 1901.

DEAR DOCTOR:

The Committee appointed by the Medical Society of the County of New York for the Study of Measures for the Prophylaxis of Venereal Diseases deems it important to ascertain the amount of venereal morbidity in this city.

As a large number of the cases of venereal disease occurring in our civil population are treated by physicians in private practice, the Committee would ask the cooperation of the entire medical profession in securing statistics bearing upon this subject.

As this information is sought for solely in the interest of the public health, and does not in any way violate professional secrecy, the Committee trusts that you will answer promptly the appended series of questions and forward to the Secretary.

I. The number of cases of venereal disease occurring in your private practice during the past year.

1. Number of cases of Gonorrhea,

2. Number of cases of Syphilis,

It is also desirable to obtain, where practicable, detailed statistics as to:

3. Cases of Gonorrhea occurring in	a. Men,	b. Women, { with pelvic complications, Ophthalmia, Vulvo-vaginitis,	Total,
	c. Children,		
4. Cases of Syphilis occurring in	a. Men,	b. Women,	Total,
	c. Children, { Acquired, Hereditary,		
5. Also as to the origin of the infection—whether from	a. Public prostitutes,	b. Clandestine prostitutes,	Total,
	c. Marital infection,		
	d. Hereditary infection,		
	e. Extragenital infection,		
	f. Unknown source,		

The Committee is desirous of gaining the fullest possible information relative to the prevalence of *syphilis insontium*, of gonococcic infection in married life, and of venereal diseases occurring in children.

II. Judging from the results of your observation, are venereal diseases on the increase in this city?

III. What measures, in your opinion, are best adapted to limit or prevent the dissemination of venereal diseases in this city?

A circular letter was also handed to the superintendents of various dispensaries and public institutions in New York City in which this class of cases is received by the representative of the Committee, asking permission to inspect their records.

To the circular letter sent to the members of the medical profession relating to the statistics of private practice 886 replies were received—nearly 20 per cent. While it was hoped that the response would be more general, this proportion was not a distinct disappointment, as the Committee was fully aware that, in all attempts to gather mass statistics concerning any disease or class of diseases, a large proportion of physicians to whom such inquiries are addressed fail to reply, either from indifference to the particular subject of inquiry, from indisposition to take the trouble to make the necessary tabulation of statistics or from lack of interest or sympathy with the objects of the investigation.

Of the 886 replies, a few were flippant in tone, but the remainder were serious, well considered, and evidently prompted by a recognition of the importance of the Committee's work and in a spirit of cordial cooperation.

Two hundred and eight of the 886 replies contained no statistics, some on the ground that the writers kept no records of their cases, others that it would involve too much trouble to go over their books for an entire year. Many of the eye, ear and throat specialists, gynecologists, neurologists,

etc., admitted that they treated a large number of venereal cases, but it was usually for complications, or late manifestations which were recorded under other titles, and that it would require too much work to identify and classify them.

It is but proper to say that most of these gentlemen, although declining to send their statistics, manifested sufficient interest in the objects of the Committee's inquiry to give their views in answer to Question III., as to the best measures to prevent the dissemination of venereal diseases in this city.

The statistics of some of the reporters were excluded on account of their indefiniteness—thus a number stated that they treated, roughly speaking, from 50 to 100, or, as in one reply, from 200 to 300 cases of venereal diseases the past year—none of these was included.

It will thus be seen that 678 physicians, or about one in seven of those to whom the circular was addressed, forwarded statistics of venereal disease occurring in private practice. The total number of cases reported by these 678 physicians, which are duly tabulated and preserved in a permanent form for reference, is 23,196—15,969 cases of gonorrhea and 7,200 cases of syphilis. It is to be understood that no cases of chancroid are included. While the frequency of chancroid is variable, being less in private than in public practice, the statistics of all authors in all countries estimate it from 9 to 35 per cent. of the total of venereal morbidity. Neither do these figures include the large number of the sequelæ of gonorrhea, pelvic complications excepted—strictures, etc., and a vast deal of morbidity which is distinctly and directly of venereal origin.

Taking this aggregate of 23,196 cases reported by 678 physicians, it would seem fair to assume that an equally large proportion of cases occurred in the practice of those who sent no report, and upon this basis of calculation there would be a total of 162,372 cases of gonorrhea and syphilis treated during the past year in private practice in this city.

Now it may be claimed, and with perfect propriety, that as many patients go from one physician to another, they may figure more than once in the statistics, but, abstraction made of these cases, the Committee believes that the aggregate of venereal morbidity in private practice in this city is much below rather than above the total here indicated. When we take into account the large number of venereals who are treated by advertising empirics, by druggists, and by secret nostrums, and the very large contingent who are not treated at all or use prescriptions given them by friends, the above figures would be easily swollen much beyond this aggregate.

The testimony of many European physicians is that from 25 to 50 per cent. of all venereal cases are treated by charlatans. In this country it is not possible to make an accurate estimate, but it is evident that the number is large. The advertising quacks in this city could not keep up expensive offices, put costly advertisements in the

daily papers, print and distribute their private literature unless they derived a large revenue from this source. Again, the business of certain drug-stores is another evidence of the extent of this irregular practice. In addition to the secret nostrums, the "sure cures," the "blood purifiers" which are found upon their shelves, many druggists cauterize sores and put up injections, pills, etc., without the advice or authorization of a physician. It is not intended to assert that all druggists engage in this business, but it is well known that many of the smaller drug-stores in various parts of the city owe their chief source of revenue to this class of practice.

Upon analyzing these statistics farther it is found that under gonorrhea are grouped 12,956 men and 1,941 women. This preponderance of males, which might be misleading, is explained by the fact that many reporters gave in their returns so many cases of gonorrhea, so many cases of syphilis, without indicating the sex of the individual. In tabulating the statistics all such cases were placed in the tabular column of gonorrhea in men.

Among the 1,941 cases of gonorrhea in women there are 724 with pelvic complications—nearly 40 per cent.

Among children there are 265 with purulent ophthalmia; 218 with vulvo-vaginitis; 5 with urethritis.

In the group of syphilis there are 1,657 cases of syphilis in women, 61 children with acquired syphilis (evidently due to contagion in family life), and 468 children with hereditary syphilis. This latter number is all the more significant when it is remembered that from 80 to 86 per cent. of all syphilitic pregnancies terminate fatally, for each surviving child would represent 5 deaths from syphilis.

As to the origin of the infections, 8,053 were attributed to public and 3,915 to clandestine prostitutes. In explanation of this marked discrepancy as compared with foreign statistics, it may be said that the line of distinction between the two classes is not sharply drawn in this country. Abroad only those subjected to registration, and therefore licensed, are termed public prostitutes; all the others are classed as clandestine.

There are reported 988 cases of marital infection (presumably, as is the rule, from husband to wife). The returns do not indicate whether these marital infections are of syphilis alone, or embrace both syphilis and gonorrhea. If the former, they would show that of 1,657 syphilitic women, nearly 60 per cent. have received syphilis from their husbands. If they refer to both (gonorrhea and syphilis), they would indicate that nearly 30 per cent. of all venereal infections occurring in women in private practice in this city are communicated by the husbands. It is but proper to say that, if the Committee's basis of calculation is regarded as legitimate, all the figures just given should be multiplied by seven, in order to express their full significance.

There are many other interesting deductions

from these statistics which must be passed over from lack of space.

Of the 45 dispensaries and charitable institutions in Manhattan visited by the representatives of the Committee 9 declined permission to inspect their records, or refused to give the information sought for on the ground that they did not receive venereal cases. Of the 37 in which permission was given to inspect the books, or the desired information was furnished by the superintendent or house surgeon, there were collected records of 14,649 cases of gonorrhea and 7,607 cases of syphilis, a total of 22,256 treated during the year.

There were 9,452 cases which were grouped under venereal diseases, but in which the records did not indicate a distinction between gonorrhea and syphilis, swelling the list to 31,708. In addition there were found upon the records of the dispensaries 3,907 cases of chancroid, 898 cases of epididymitis and orchitis, 332 cases of cystitis, 414 cases of bubo, 261 cases of venereal warts, 172 cases of balanitis and phimosis, 523 cases of ophthalmia, 142 of ophthalmia neonatorum, 19 of vulvovaginitis in children, 195 of hereditary syphilis; 30 of the cases were caused by extragenital infection. This by no means represents the amount of venereal disease treated in our public institutions. Although gonorrhea and syphilis are ostensibly not treated in the general hospitals of this city, we find records of cases in the few investigated—many thousands altogether—in which the sequelæ of gonorrhea and the late systemic manifestations of syphilis are received and treated, but entered under names which are not recognized by the laity as indicating a venereal origin. Thus in one of the eye hospitals there were 136 cases classed as purulent ophthalmia, in all of which the gonococcus had been identified by bacteriological examination as the pathogenetic factor. In the same institution there were 38 cases of interstitial keratitis, undoubtedly of syphilitic origin, but not indicated in the record. It would seem that, in the society of diseases, venereal diseases represent the criminal classes—they are disreputable—they have a bad character and, like most criminals, when they consort with the respectable element they masquerade under an alias, so that in a public hospital it has been ordained that they appear not under their true names, but disguised under a variety of aliases which do not betray their venereal origin.

The annual reports of a few of our general hospital record 371 cases of salpingitis, 1,762 of endometritis, 335 of pyosalpinx, 45 of salpingo-ovariitis, 48 of vulvovaginal abscess, 169 of vaginitis, 651 of stricture, 173 of gonorrheal rheumatism. Altogether there were collected records of 9,731 cases, including many cases in the hospitals under titles indicating their venereal origin, making a total of 41,439. The records of the hospitals also abound with cases of locomotor ataxia, rickets, cerebral and spinal accidents, monoplegias, hemiplegias, general paralysis, epilepsy

and various nervous affections in which syphilis is a common etiological factor.

It would seem a strange perversion of the proper purposes of charitable institutions that a patient is debarred entrance into our general hospitals when the disease is acute and a source of danger to others, but he is readily admitted when suffering from the remote effects of the disease which might have been prevented by prompt treatment.

Practically the hospitals proclaim to this class of patients, "We cannot receive you when your disease is acute and curable, but when your gonorrhea has developed into stricture, salpingitis, peritonitis, or when your syphilis has affected important central organs, the brain, the spine, the organs of special sense, you may be received, but your disease shall be baptized under another name which does not offend the refined susceptibilities of our patrons."

The Committee must censure the attitude of the governing boards of our hospitals in excluding all mention of venereal diseases from their reports, as if it were a shame and a reproach. While it may be true that a respectable syphilis does not exist, they give the public the impression that it is almost as disgraceful to treat syphilis as to contract it.

It is to be regretted that these statistics could not have been more definite—giving in all cases the age, the stage of the disease or other important particulars, but the imperfect methods of recording cases in many institutions render this impossible.

While it is no part of the Committee's province to discuss the system or rather lack of system in keeping records which was disclosed by an examination of the books of many of our public institutions, yet we feel that in the interest of scientific research a uniform nomenclature of venereal diseases should be adopted and a more orderly method should be introduced in keeping records.

The most obvious defects noted were, in the first place, an omission of the diagnosis, in some institutions amounting to 20 to 100 per cent. and the lack of uniformity in the terms used to designate the diseases—a veritable nosological anarchy. Thus, syphilis was variously designated as chancre, primary lesion, initial lesion, hard sore, X., XX., and XXX., (S.), lues, s. pox, "specific," spec., sp.; gonorrhea as clap, sp. gon., with nipper, blenorragia, drop, etc. In some records there were private marks to designate the disease known only to the physician in charge. All indications as to the stage of the disease, of syphilis, whether secondary or tertiary; of gonorrhea, whether acute or chronic, the number of the attacks, complications and other important particulars were absent. The adoption of a uniform nomenclature of venereal diseases should be urged upon the officers of all public institutions in which these cases are treated.

It is hoped that the very defects which the statistics in this report disclose—defects which are

inseparable from the confusing nomenclature employed and the imperfect methods of keeping records—will lead to a reform in this matter.

Much credit is due the representative of this Committee, Dr. A. D. Mewborn, for the painstaking care with which the records of the public institutions were investigated and the thoroughly conscientious manner in which he endeavored to arrive at accurate results. That there was no disposition to swell the total it may be observed that, while the official records of the Bellevue Out-Patient Department showed 7,300 cases of venereal diseases treated in the Genito-Urinary Department, only 5,872 appear in this record. The Vanderbilt Clinic records 2,938 cases of venereal diseases treated in the venereal clinic, but only 2,263 are included in this report. Instances in which the diagnosis was wanting, as was not infrequently the case, were not included in this report.

It will be observed that these statistics were confined to certain institutions in the borough of Manhattan. None of the island institutions, the Penitentiary, Workhouse, Almshouse, House of Refuge, and many of the public hospitals were not visited. The institutions in Brooklyn and other boroughs were not investigated.

The only available basis for a comparative estimate of venereal morbidity in the other boroughs appeared to be the mortality statistics of all the public institutions of Greater New York. The deaths for 1899 in the public institutions of the borough of Manhattan were 10,157. The deaths in the institutions of all the other boroughs were 5,400, a little over one-half. Applying this basis of calculation, the total number of cases of venereal diseases treated in the institutions in Greater New York would foot up to a total of 62,157 cases; this, with the cases treated in private practice, would make a grand total of about 225,000 in both private and public practice.

This total the Committee regards as rather under than above the actuality. The figures do not, of course, represent the sum total of venereal morbidity, but only the number of cases actually treated during the year. There is no class of diseases so serious in their direct and ultimate effects upon the health of the individual, which are so apt to remain untreated. One cause is the ignorance of their significance on the part of patients, another is the feeling of shame and fear of detection on account of the publicity inseparable from the conditions under which dispensary treatment is given.

This estimate of the fruits of prostitution in New York City takes no cognizance of its incidence among the strangers within our gates. Among the million or more of the floating population of this city—strangers who come for business or pleasure—it is well known that many are worshipers at the shrine of Venus and carry with them to their homes sad souvenirs of their sojourn in the metropolis. In this rich harvest field of infection they often reap more than they sow.¹

¹These figures do not include statistics of venereal diseases among sailors in this city, some of whom bring the infection from

Whatever may be the sum total of venereal morbidity in this city, enough statistical evidence has been adduced to show that there exists in our midst a vast amount of contagious disease which constitutes a grave danger to the public health and which is absolutely ignored by our sanitary authorities. Officially, venereal diseases do not exist in New York City.

Mortality of Venereal Diseases.

Let us compare for a moment this sum of morbidity with that of the contagious diseases which do come under the official cognizance of the Board of Health. To take the past year, 1900, when the morbidity of contagious diseases was unusually heavy, the records show that of measles there were 12,530 cases, 816 deaths; diphtheria, 11,001 cases, 1,920 deaths; scarlet fever, 7,387 cases, 465 deaths; chicken-pox, 1,251 cases, 1 death; smallpox, 99 cases, 12 deaths; tuberculosis, 8,877 cases, 8,154 deaths.

The above figures may be accepted as an approximately accurate census of contagious disease, with the exception, perhaps, of tuberculosis. Against these we have a venereal morbidity of 225,000 cases.

Now, as regards the mortality from venereal diseases, a matter which properly comes within the scope of the Committee's inquiry, the vital statistics record 177 deaths from syphilis. The Board of Health officials readily admit that this number affords no correct indication of the mortality from this disease. From a regard for the feelings of relatives and an indisposition to brand the patient's memory with the stigma of a compromising disease, deaths from syphilis are concealed under various causes—in the adult scrofula, compression of the brain, and other innocent titles; in children, marasmus, infantile debility, convulsions, etc., in but a fraction of the cases is the real disease mentioned. But if we consult the mortuary records we shall find that syphilis is buried under a variety of names. In many of the 1,179 cases of premature birth, in 2,136 deaths recorded as due to marasmus, and in the 28 deaths from hydrocephalus, etc., syphilis was doubtless a casual factor. In many of the 5,590 deaths from diseases of the nervous system, such as 50 deaths from locomotor ataxia, 341 from general paresis, 875 from softening of the brain, 232 from hemiplegia, 96 from paraplegia, 83 from aneurism and diseases of other important organs, syphilis doubtless entered as an etiological factor. The records of the Randall's Island Nursery Hospital show that 8 per cent. of the total deaths from all causes in the institution are due to hereditary syphilis.

Gonorrhea is not mentioned as a cause of death, but we find in the group of "urinary diseases"

foreign ports, but many more contract the disease in the dives and dance houses frequented by sailors along the water front and in the lower parts of this city. The attending physician of the Merchants' Marine Hospital Service and Dispensary states that no fewer than 18,000 cases of gonorrhea and syphilis were inspected and treated during the past year among the crews of the steamships carrying no passengers. He states further, "If we add to this cases occurring on board passenger ships and sailing vessels, the total will be from 25,000 to 30,000 annually."

and in diseases of the "organs of generation" a large number of deaths in some of which gonorrhea might well be considered as the remote cause; thus there are recorded 141 deaths from ovarian disease, 137 from diseases of the uterus and vagina, and 27 from pelvic abscess.

While the mortality bill of venereal diseases is indefinite, it is doubtless much larger than is generally supposed.

We may well ask why certain infectious diseases are elevated to the dignity of a danger to the public health and every effort made to prevent their spread, while another class of diseases, compared with which the morbidity of the former is but a molehill to a mountain, is completely ignored. To take for example smallpox, of which in the year 1899 there were 18 cases and 11 deaths, and in 1900 99 cases and 12 deaths. All the energies of the Health Department, with an expensive equipment, a large corps of public vaccinators were employed in preventing its spread—while the great pox was allowed to feed and batten upon the community unchecked and unnoticed.

To Question II. in the circular letter issued by the Committee, "Judging from the results of your observation, are venereal diseases on the increase in this city?" there were 412 replies, 212 affirmative and 200 negative. It is, of course, impossible to answer this question intelligently or definitely, because there are no statistics of the prevalence of these diseases in this city at different epochs to serve as a basis of comparison. The value of the work which this Committee has attempted to inaugurate can be no better illustrated than by the unfortunate absence of such data. Dr. Gross, in his paper on "Syphilis in Its Relation to the Public Health," declares that it would be a matter of deep interest and of the greatest possible value if we could ascertain even approximately the extent of syphilis in our cities and larger towns.

In his history of prostitution, Sanger estimated that there were 9,487 cases of venereal diseases treated in the island institutions, public hospitals and dispensaries of New York and Brooklyn and the "Seaman's Retreat" on Staten Island in the year 1857. His basis of calculation was that there were 3 per cent. of venereal patients treated in the dispensaries and 10 per cent. in the hospitals. These 9,487 cases, he thought, represented only two-thirds of the aggregate, which he places at 14,770. He found that the statistics of the Penitentiary Hospital (now the City Hospital), Alms-house, Workhouse and Penitentiary, showed that of the total number admitted to these several institutions 59½ per cent. were suffering from venereal disease at the time the inquiry was made. The Penitentiary Hospital, he states, was the only public hospital where venereal disease is confessedly treated. It may be interesting to learn that at that period, while "Bellevue Hospital is not professedly available to venereal cases, yet the Medical Board of that institution estimates that not far from 10 per cent. of the inmates are

admitted for affections which have their origin remotely in venereal disease."

Basing his estimate upon the assumption that the number of cases of venereal disease treated in private practice quadruples the number treated in public institutions, Sanger concluded that in the year 1857 there were 74,000 cases treated in New York. At that time the population of the city was about 700,000. In 1874 Dr. Sturgis estimated "that out of a population of 942,292, 50,450 were suffering from syphilis in New York City." In an appendix to Dr. Sanger's book, 1892, it was estimated that 100,000 persons out of a population of 1,800,000 had syphilis. The population of Greater New York at the present time is about 3,560,000; assuming that the rate of increase of venereal disease has kept pace with the growth of the population, there would be on this basis of calculation nearly 200,000 syphilitics in this city. All of these estimates are, of course, purely conjectural, without any statistical basis.

PROPHYLACTIC MEASURES.

Regulation.

To Question III., "What measures in your opinion are best adapted to limit or prevent the dissemination of venereal diseases in this city," there were 1,065 recommendations, some advocating more than one measure. The onerous duty of analyzing this mass of material devolved upon the Secretary, Dr. Weiss, and the thanks of the Committee are due him for his work in classifying these answers for tabulation under appropriate headings.

As the Committee has asked for an expression of views upon this most important question, it is proper and fitting that these recommendations should be duly considered.

Three hundred and forty of these may be grouped together as advocating the same radical measure—regulation.

In discussing the value of remedial measures for the prophylaxis of venereal diseases it would not be the part of wisdom to confine ourselves to the meager statistics collected by this investigation which do not bear directly upon the subject. We should take a broader and more general survey of the question and utilize the results of the experience and observation of foreign students upon the practical workings of this system in countries where it has been tried, as a basis for conclusions.

The system of regulation in France serves as the type of that employed in other countries and its main features may be thus briefly summarized. It represents an association or combination of effort on the part of the administration authorities and the medical profession with a view to render the practice of prostitution less dangerous to the public health by the elimination of sources of contagion in women who are engaged in it. A special corps of police is employed, every woman in the streets suspected of prostitution is arrested, her name is inscribed on

a special register and she is given a card which is an authorization to exercise her trade under certain conditions; the most important obligation is to report at stated intervals for medical examination. When found diseased she is sent to a special hospital and detained until her contagious accidents are cured. This system, it will be seen, rests upon the tripod of police force, medical examination and hospital isolation—the hygienic feature is the medical examination.

The success of the system depends upon two factors, the activity and vigilance of the police in bringing women under supervision and the thoroughness of the examination in detecting sources of disease.

As regulation has been employed in France for over half a century, and in other European countries for a longer or shorter period, there has been ample opportunity to test its value in reducing venereal morbidity.

Without presenting an analysis of the mass of statistical evidence accumulated, a calm and impartial study of the practical results of regulation would seem to demonstrate that it does prevent a certain amount of infection in men. The much smaller proportion of infections which can be traced to regulated prostitutes, and the much larger percentage of venereal disease in women not regulated, are evidences of its value.

It requires no prejudice in its favor to concede that the detection and enforced isolation of so many sources of infection must have a material influence in limiting the dissemination of venereal disease. For example, the statistics of Commenge show that of the 15,095 syphilitic women sent to the St. Lazare Hospital during a period of twenty years, the average detention was thirty days, which gives a total of 452,850 days in which they were prevented from all possibility of transmitting their disease.

Further consideration of this system might be dismissed on the ground that whatever may be its value public opinion forbids its introduction in this country. Sentimental objections should not, however, be allowed too much weight in the discussion of purely sanitary schemes. It is the high mission of the medical profession to educate and direct public opinion in all sanitary matters. As to the practical objection that the organization of our public hospitals is such that one most essential condition of this sanitary scheme is wanting, viz., sufficient provision for the isolation of a large number of venereal cases, it may be said that increased hospital facilities could doubtless be obtained. But there are other and more weighty objections to regulation which may be briefly referred to. The fatal defect of this system is to consider public or professional prostitutes the almost exclusive sources of contagion, when as a matter of fact they constitute only a small minority. It is and always will be defective and incomplete in its operation because only a small proportion of prostitutes can be subjected to its provisions. There is an invincible repugnance on the part of women to

be labeled with a number, compelled to be inspected as articles of merchandise and forcibly detained in a hospital. Not 10 per cent. of the public prostitutes can by any police intervention be collected, and of these about one-fifth annually disappear from observation and become clandestine prostitutes. Regulation cannot be effectively applied against the large body of private or clandestine prostitutes, it cannot reach the great mass of masculine spreaders of contagion.

Another defect is that the medical examinations conducted once a week or ten days are insufficient to promptly detect sources of contagion. New infections of the women may be manifest the day after the weekly examination has been completed and in the intervals between visits every comer may be contaminated.

Again the bacteriological examinations demanded by modern science as a test of the existence of gonorrheal disease cannot possibly be made with thoroughness when a large number of women are to be examined within a short time. All specialists recognize the difficulty of detecting the initial lesion in women or of pronouncing positively upon the syphilitic character of certain accidents. Another defect is that the shortness of stay in the hospital, which does not average more than 30 days, is notoriously insufficient especially in disease of prolonged contagious activity and with such frequent recurrences as syphilis. For these and other reasons the Committee does not recommend the Continental system of regulation as a remedial measure; while it has the incontestable advantage of hygienizing a limited number of public women, the evidence is by no means clear and conclusive that it materially diminishes the sum total of venereal diseases in countries where it has been most perfected and employed. It has so many countervailing disadvantages, it is vulnerable from so many points of view that the movement for its modification or abolition in many European countries will probably result successfully.

The Committee is fully impressed with the conviction that private prostitution represents the most dangerous phase of the evil both from a sanitary and moral point of view, and that one test of the value of a remedial measure is its influence in disseminating the evil and recruiting the ranks of clandestine prostitutes.

Segregation.

A further analysis of the replies shows that 203 recommend the segregation of prostitutes. In a medical sense segregation means the enforced separation of certain individuals from their fellows and their collection in one locality in a more or less isolated group.

The Committee does not deem it wise at the present time to advise segregation of prostitutes in one specified quarter of the city, with the understanding that in this locality they may be permitted to exercise their vocation without molestation. Public sentiment is extremely sensi-

tive to anything like legal recognition or sanction of this evil, and it is impossible to approach the boundaries of toleration without entering the confines of authorization.

This question possesses a peculiar pertinence at the present time. As an outcome of the work of the Tenement-House Commission, the elimination of prostitutes from the tenements and apartment houses of this city may be accepted as a foregone conclusion. The vigorous enforcement of this law will doubtless result in casting out many hundreds of public women; the question is, what shall be done with the outcasts? While the Committee does not feel charged with the responsibility of suggesting a provision for this class of evil-doers, yet since they are chiefly concerned in the propagation of venereal diseases, their disposition has some bearing upon the objects of this inquiry. From a common sense as well as a humanitarian point of view, it is evident that these unfortunates must be permitted a habitation. They cannot be forced into the river and drowned as 800 of them were at one time under the edict of a French emperor. They cannot be driven forth into the hills and fields, denied food and shelter and left to perish as was done at a later period at Edinburgh. The brutal methods carried out with savage energy which characterized former crusades against these unfortunates are opposed to the spirit of the age in which we live—certainly they find no place in the counsels of enlightened sanitary science. What shall be done with the outcasts is a most perplexing problem, as it touches at many points questions of morality, of law and order as well as personal rights. It will be admitted that in principle prostitution is wrong and that its entire suppression would be the ideal condition; but this ideal is unrealizable. Prostitution is inherent in the human race; it cannot be annihilated, it is a necessary evil in our social system. We are confronted with the fact that the prostitutes, like the poor, we shall always have with us. In dealing with this evil, speculative arguments, based upon an abstract principle which involves the perfectibility of the human race, should yield to the doctrine of expediency. The most feasible plan appears to be to compel all prostitutes to inhabit houses by themselves. Immoral women should not be allowed to dwell in the same house with moral families. This domiciliary separation should be absolute and complete. To accomplish this result no new legislation relating to prostitution *per se* is necessary, but rather a relaxation of the law applying to the existence of disorderly houses. By simply abandoning this evil to its own evolutionary mode, which is always toward aggregation, unless scattered by the force of repressive measures, it would naturally drift into certain streets or quarters following, of course, the line of least resistance on the part of property-owners. Prostitutes are essentially gregarious and the natural history of prostitution shows that, like other trades, it has a tendency to aggregation, obeying the same commercial law which determines the

localization of certain lines of business in certain districts or quarters. The colonization of certain nationalities in distinct quarters, such as the Chinese, the negro quarters, etc., is another evidence of this tendency to aggregation. The Committee is fully persuaded that the interest of public health, as well as of public morals and public decency, can be best subserved by the localization of this evil in certain streets or retired quarters of the city where it will not obtrude itself upon observation, where it must be sought for to be found and where it can most effectively be brought under control. The existing regulations which apply to solicitation in the streets, provocation to debauch through open windows or indecent exposure, and all offenses against public order and decency should be strictly enforced. All red light or other indications of the nature of such houses and all external and visible signs of prostitution should be rigorously prohibited. This arrangement would take out of the hands of the police the arbitrary power of levying tribute, which has proven so demoralizing to the force. The function of the police would be limited to the preservation of order and the repression of all scandalous behavior in the streets.

Regulation by the Board of Health.

Among measures suggested, regulation by the Board of Health is recommended by 152 physicians, report of cases to health department by 15, and isolation by quite a number of others.

It will be admitted that the control of venereal disease, as of other contagious diseases, naturally and legitimately comes within the province of our sanitary authorities who are the accredited representatives of the State in all matters relating to the protection of the public health. Now, venereal diseases, like other contagious diseases, are already subject to the control of the Board of Health; this Board, however, does not officially recognize the existence of these diseases or employ any sanitary measures for their control. The first essential is to awaken the health authorities to a sense of their responsibility.

Sanitary control is not necessarily limited to the measures employed in the case of acute infectious diseases, *vis.*, compulsory notification and enforced isolation during the entire contagious period. These routine methods by no means represent the sole resources of sanitary science. Isolation contemplates brevity, and in dealing with chronic infectious diseases like syphilis or tuberculosis would be impracticable. The ordinary methods of sanitary procedure should be adapted to the peculiarities of the particular disease, its nature, its mode of contagion, and the conditions under which it is spread.

When the health authorities proposed to bring tuberculosis within the sphere of sanitary supervision it was certainly not with the view of isolating the great army of consumptives; the spread of tuberculosis has been combated by other means. A campaign of education was instituted,

the public was taught that it was a communicable disease, instructed as to the agencies by which it is propagated in family life, of the risk consumption carries to others and the best means of avoiding these risks. A bacteriological laboratory was created to examine the sputum in suspected cases, so that the disease might be detected in its earliest stage when it was amenable to cure. Increased facilities for its treatment were also provided. The work done by the Health Board of New York in their efforts to stamp out the seeds of consumption met with the most appreciative recognition at the last meeting of the Tuberculosis Congress in London.

The Health Department of this city is armed with full authority to enforce all measures which in its judgment are deemed essential to the preservation of the health of the community. The public is willing to submit to measures, if ordered by the Board of Health, which might be considered an infringement upon private and individual rights, while it would resent the imposition of similar restrictive measures by social reformers or others. There may be a difference of opinion as to the moral aspects of the social evil and the propriety of restrictive measures in so far as it constitutes an offence against morality, but there can be no strenuous opposition to a sanitary movement which has for its sole object the repression of disease.

This Committee is not prepared to formulate a system of control complete in all its details and embodying the methods to be employed in combating the spread of venereal disease. It will be conceded that the problem is most difficult, but its solution should be undertaken and the difficulties met as they arise. While it is obvious that placing venereal disease under the ban of notifiable diseases would not be judicious or practicable, there could be no objection, however, to the registration of all cases of venereal disease, the physician reporting the nature of the disease, the origin of the infection whenever practicable, without giving the name and address of the patient, and thus respecting professional secrecy. All public institutions, hospitals and dispensaries should be required to report all cases of disease of venereal origin. The establishment of a distinct bureau under the Division of Contagious Diseases, with a special corps of sanitary inspectors, chosen for proficiency in the knowledge of this class of diseases, with a bacteriological laboratory for the examination of diseased secretions, and other administrative details, would be matters for further consideration.

The keepers of disorderly houses should be required to report all cases of disease occurring among the inmates of their establishment under penalty of a heavy fine, and such diseased women should be retired from circulation until their contagious accidents are cured. To meet this exigency there should be increased hospital facilities for the reception and treatment of venereal diseases.

From a hygienic standpoint prostitution should

be looked upon as a sanitary sin and supervised like any other trade which menaces the public health by the disease it engenders.

Penalizing the Transmission of Syphilis.

The question of penalizing the transmission of syphilis, as recommended in many of the replies, is viewed differently by members of the Committee. The difficulty of positively identifying the origin of the infection in a disease of such prolonged incubation as syphilis, the impossibility of determining the source of the disease when promiscuous intercourse has been indulged in are complicating elements, yet there are many cases in which the penalty could be enforced without a miscarriage of justice. If such a law is deemed advisable it should be drafted by those skilled in the framing of legislative enactments with due regard to the nature of the disease and eliminating all possibilities of blackmail. It may be said that if public sentiment sustains the Board of Health in imposing a heavy fine for spitting on the floor of cars and public conveyances, with the remote possibility of the sputum containing tuberculous germs and with the still more remote possibility of its proving a source of infection to others, surely it would sustain a law penalizing the transmission of a serious disease. The mere existence of such a law upon our statute books would do much to educate the conscience of the public to the idea that the transmission of syphilis is not a venial offense—that it is a crime against society to recklessly scatter the seeds of a loathsome disease. Responsibility for the spread of syphilis should be narrowed down to the question of individual accountability. Such a law would have its special application in the protection of minors.

Safeguarding Minors.

The Committee is convinced that no successful preventive measures against the dissemination of venereal diseases can be instituted which do not take into consideration the necessity of throwing special safeguards around minors. Statistical evidence proves that the existence of venereal morbidity falls most heavily in the latter half of the second decade of life. The large proportion of infections occur from the sixteenth to the twentieth year in women, and from the eighteenth to the twenty-third year in men. The statistics of Le Pileur in which the age of contamination in 718 syphilitic women was definitely traced indicates that 62.9 per cent. were infected from the sixteenth to the twentieth year, 6.3 per cent. from the twelfth to the fifteenth year. These statistics show that the débutantes on the stage of vice, the young and the immature, are the chief victims as well as the chief sources of contagion to others. All experience shows that the large proportion of infections may be traced to young prostitutes; old prostitutes are less dangerous in disseminating disease, as many are immunized by time so that they cannot transmit syphilis. Besides they are less attractive and therefore less

sought after. In this country we have no statistics showing the age of contamination, but there are abundant indications of the precociousness of the youth of this city in acquiring venereal disease. All physicians who have charge of venereal clinics have been impressed with evidences of the growth of juvenile vice in this city. The statistics of Dr. Graenelli of the Good Samaritan Dispensary show an increase of from 8 to 15 per cent. of venereal disease in males below eighteen years of age within the past three years.

With a view to suppressing the prostitution of minors a law raising the age of consent would be an additional safeguard. Prostitutes of minor age when apprehended should be sent to a reformatory or reformatory and detained until the age of twenty-one.

No less important is the rigid enforcement of the law against proxenetism. The procurer must be regarded as a most active agent in the dissemination of venereal disease. The business of procuring young and innocent girls for introduction into a life of debauch where they are almost inevitably doomed to contract and spread venereal disease is a crime which has its hygienic as well as its moral aspects. The law should provide the most rigorous enactments to fittingly punish the panderers to this vile trade.

Education and Treatment.

Among the miscellaneous measures proposed the most important may be grouped under the head of education and treatment with enlargement of hospital and dispensary facilities. In the opinion of the Committee, education and treatment comprise the most promising remedial measures which are immediately available and which all interested in this hygienic work, the repression and control of the effects of prostitution, will approve. They take cognizance of the rôle played by men in the propagation of venereal disease, as they apply to both men and women.

Education should begin in the ranks of the profession. In the organization of the system of instruction in many of our medical schools, the importance of a knowledge of this class of diseases is not recognized. The study of venereology should be made an integral and essential part of medical education, and the practical as well as theoretical knowledge of this disease should be made an indispensable requisite for graduation in medicine. The importance of deciding intelligently upon the conditions of admissibility to marriage of venereal patients, for example, cannot be overestimated. The dangers introduced into the family life by the premature marriage of a syphilitic man, or of a man suffering from a latent urethritis, to which the sanction of the physician may have been given, involve a heavy responsibility upon the medical profession. How many thousands of young men with an uncured gonorrhea every year enter into the state of matrimony, it may be with the sanction of the physician who has made perhaps a superficial examination, and infected their wives,

resulting in pyosalpingitis or peritonitis and ending in chronic invalidism and hopeless sterility. Speaking of this class of cases, Dr. T. Gaillard Thomas says: "Specific vaginitis transmitted to virtuous women by men who are utterly ignorant of the fact that the sins of their youthful days are at this late period bringing them to judgment, is one of the most frequent, most active and most direful of all the causes of serious pelvic trouble in women—one which meets the gynecologist at every turn and one which commonly proves incurable except by the dangerous procedure of celiotomy." . . . "A marital quarantine is as necessary to-day in social life as a national quarantine is for contagious diseases in general."

Those charged with the education of young men in high schools and colleges should instruct them as to the dangers of promiscuous intercourse. Every young man should be impressed with the idea that venereal disease is almost invariably a concomitant of licentious living, involving consequences which may seriously compromise his health and like an avenging nemesis come to smite him, it may be, years after he has forgotten his youthful follies. This knowledge should be imparted with tact, discretion and good sense. The physician would prove a most valuable auxiliary in this prophylactic education. Especially should he correct the traditional belief so universally accepted by the laity that gonorrhea is a trivial affair, easily cured and leaving no permanent results. He should also combat the dangerous theory that sexual indulgence is necessary to health. As Sir Wm. Gowers has said, "No man was ever worse for continence or better for incontinence." All medical men as well as moralists who have studied this question look upon the promotion of masculine chastity as among the most powerful means of checking prostitution. Prostitution is largely a matter of supply and demand and all conditions which diminish the demand for prostitutes on the part of men diminish the supply.

One of the most effective means at our command for preventing the dissemination of venereal disease is to sterilize promptly the sources of contagion by treatment and thus shorten the period of their contagious activity. The number of infections that may be traced to a single source is often most remarkable. Every venereal patient should be looked upon as a possible focus for the spread of contagion, and the cardinal consideration should always be kept in view that the protection of others from risk of infection is quite as important as the cure of the disease. The patient should be fully instructed as to the nature of his disease, the duration of its contagious activity, the manifold means by which contagion may be effected, and the moral responsibility involved in exposing others to contagion. Every source of contagion suppressed by treatment, every infection avoided by enlightenment of the patient represents a distinct gain in the reduction of venereal morbidity. Education along these lines should be generalized as much as possible

among the public, especially among the poor and ignorant. In order to prevent blindness from neglected ophthalmia neonatorum among the poor, midwives should be instructed as to the cause, symptoms and dangers of this affection and the necessity for prompt and skilful medical treatment.

The Committee has already referred to the ban of ostracism which dishonors this class of diseases in their exclusion from general hospitals in this city, and would recommend that every general hospital receiving State or municipal assistance should be required to open its doors to this class of diseases. Fortunately, hospital care is not required in the large proportion of venereal diseases. Most of them are ambulatory cases, and dispensary treatment which does not interfere with their employment and with their wage-earning capacity is best adapted to their requirements. While only a limited number of dispensaries in this city have a venereal service, it has been found that patients are treated in a large number of dispensaries which ostensibly do not receive this class of cases. This treatment should be efficient and at the same time available, the attending physicians of the venereal classes should be specialists in this branch of medicine, and the service should be organized and conducted with especial reference to the nature of the disease, that is, they should be conducted with all the privacy possible.

Among the subsidiary measures which are recommended are the absolute prohibition of all advertisements of "infallible cures" by charlatans in the public press and the placing of advertisements of "sure cures" for private diseases near urinals or in public places, also the prohibition of prescribing for venereal diseases by druggists.

In concluding this report it may be said that the closing years of the nineteenth century have been marked by a general awakening of interest in the chronic infectious diseases, tuberculosis and syphilis, and the convocation of international conferences for the discussion and adoption of the sanitary measures best adapted to their repression and control, as exemplified in the Congress for Tuberculosis and the Congress for the Prophylaxis of Syphilis and Venereal Diseases in 1899. It is now generally recognized that the ravages of these chronic infectious diseases are infinitely more destructive to the human race than cholera, smallpox, or the plague, and that their prophylaxis should no longer be neglected.

The object of this Committee's work has been to ascertain, with some approximation to accuracy—the amount of venereal morbidity in this city, to stimulate the interest of the medical profession in this important but neglected class of diseases, and to urge the employment of all the resources of sanitary science to limit or prevent this spread.

It will be seen that no specific "State or municipal legislation for the repression and control of prostitution," as was contemplated in the resolution of the Society creating this Committee,

has been recommended, and this from the firm conviction that such repressive measures would prove a failure. Because the source of venereal diseases cannot be extinguished there is no reason why we should shut our eyes to their existence and fold our arms in the helplessness of impotency. By a parity of reasoning it might be contended that because we cannot destroy the causes of acute contagious diseases we should cease to combat their spread.

While the Committee does not indulge in the Utopian idea that the extermination of venereal diseases is likely to prove entirely successful, it is fully persuaded that much may be done to limit their dissemination by intelligent and well-directed sanitary effort.

PRINCE A. MORROW, M. D., *Chairman.*

LUDWIG WEISS, M.D., *Secretary*

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THE MEDICAL SOCIETY OF THE COUNTY OF NEW YORK AND ITS OBJECTS.¹

BY FRANK VAN FLEET, M.D.

TO-NIGHT, for the ninety-sixth time, the members of this Society meet to inaugurate a new president and to listen to his promises to preside over their deliberations for the coming year and to protect their interests and the interests their Society represents to the best of his ability, honestly, faithfully, and impartially.

Without doubt, each newly-elected president has accepted this trust with a keen appreciation of the responsibilities resting on his shoulders and with a determination so to conduct the duties of his office that, when he shall hand the gavel to his successor, all shall say, "Well done." Such is the feeling of the present incumbent as regards himself. He looks upon the position of president of the Medical Society of the County of New York as one of the most responsible positions a physician, in his capacity as a medical man, can hold. The president of the Medical Society of the State of New York must feel that it is a part of his responsibility to see that each county in the State has a medical society, and that each of these societies is doing its utmost to protect the interests of the profession and of the public health of the county it represents. His duties and responsibilities, therefore, cover a greater area than the president of any one county society, all of whom are subordinate to him. The Medical Society of the County of New York is but one of the societies going to make up the system which has as its head the Medical Society of the

¹ Inaugural Address by the President of the Medical Society of the County of New York, November 25, 1901.

State of New York, and its duty, given it by the Legislature of the State, is to look after and protect the public health of the county whose name it takes.

This county, however, while it is but one of the sixty counties in the State, covering only about eighty square miles,² while the State covers fifty-three thousand, seven hundred and nineteen square miles, contains nearly one-fourth of the entire population of the State.³

The Medical Society of the County of New York, therefore, while only a part of the State Society, is still so important a part and represents so important a part of the State of New York that the parent body listens with great respect to the voice of our County Society. The president of the Medical Society of the County of New York presides over a body which, while perhaps not more important than the body over which his predecessors, in the early days of the Society, presided, is many times larger. In 1806, when the Medical Society of the County of New York was organized, the city of New York had a population of 80,000⁴ and the membership of the Society was about 100; now the membership is nearly 1,700. A closer study of the figures will show us that, while we are larger in actual numbers, we are not larger proportionately. In the early days the membership in the Society was in proportion to the population of the city, as one in eight hundred, while to-day the proportion is about as one in ten hundred and eighty-eight. In the early days of the Society membership was compulsory; the Society was organized by the Legislature for the purpose of "regulating the practice of physic and surgery," and all physicians were directed to associate themselves with the Society, and the Society was authorized to collect a certain sum of money annually from each practising physician to defray the expense of regulating the practice of physic and surgery." To-day membership in this Society is not compulsory, but the doors are open to all reputable practitioners of medicine who are willing to declare their abnegation of sectarian principles and practice. Not that the applicant must declare that he will never resort to any one particular method of practice; that in itself ought to debar a man from membership in any society. It is certainly as illogical for a physician to declare he will not employ a particular system of practice, or a particular remedy or method, as it is for him to say that he will use no other. The Medical Society of the County of New York aims to include in its list of members all reputable practitioners of medicine who are willing to assert that they are

not bound to practise any exclusive system. We call ourselves the "Regular" profession because we are the representatives and direct successors of the profession which has existed since the dawn of civilization, and because our practice is broad enough to include all schools, all systems, and all methods of treating disease which offer to humanity the possibility of relieving or curing the ills to which it is heir.

Our Society is in no sense a club, and no member has the right to object to the admission of any reputable physician because the applicant may not be personally acceptable to him. Personal dislikes should have no part in the determination of one's fitness for membership in this Society. In the days when membership in this Society was compulsory there were but one class of practitioners. When Homeopathic and Eclectic practitioners became numerous and powerful enough, the law compelling membership in this Society was repealed, and societies representing these other schools of practice were authorized by law, with privileges identical with those enjoyed by this Society. No clause was inserted in any subsequent law making membership in any society compulsory, but privileges are granted members of three societies, representing the three legal schools of practice, which are not enjoyed by physicians who are not members of these societies.

The medical profession of the State of New York is legally represented by three State medical societies representing the three legal systems of practice in the State, the Regular, the Homeopathic and the Eclectic. It is well to keep this constantly in mind, because there are no other societies or associations which have ever been created by law endowed with the privileges and functions of these three societies. These three organizations stand as the representatives of the medical profession in this State and are so recognized by law. Membership in the society representing the Regular profession, that is, the Medical Society of the State of New York, is determined by the applicant having served as a delegate to the State Society, and to be a delegate it is necessary to be a member of a county society in affiliation with the State Society. It is the privilege of every reputable physician to aspire to any position which a physician, by virtue of his being a physician, can hold. Among these positions is that of being a member of the State Board of Medical Examiners. The members of this examining board representing the Regular profession must be taken from the membership of the Medical Society of the State of New York. If a physician is debarred from membership in a county society he is denied the privilege of being a member of the State Society, and accordingly it is impossible for him to aspire to membership in the State Board of Medical Examiners. Therefore, a physician who desires membership in the representative medical society of the county in which he resides has a legal right to admission if he complies with the legal requirements. The law gives the county societies the

² New York City contains 308 square miles. New York County, comprising the Boroughs of Manhattan and The Bronx, contains about 80 square miles: Manhattan 19.65, and The Bronx 60.00.

³ The population of New York State, according to the census of 1900, was 7,268,012; New York City 3,550,936; New York County 2,050,600. A small portion of The Bronx is in Westchester County, but the population of this small section does not materially affect the deductions drawn.

⁴ In 1805 the population of New York City was 75,987; in 1810 it was 94,373, so that in 1806 we estimate it to have been about 80,000. In 1806 the city was situated entirely on Manhattan Island; this portion of the city is now known as the borough of Manhattan. The population of this borough, according to the census of 1900, was 1,350,093.

right to make by-laws for their own government, and a by-law governing admission to membership is one of these. The law says, however, that these by-laws shall not be inconsistent with the laws of the State, and to deny a person the right to become a member of a county society providing he is legally qualified to be a member is to deny that person one of his inalienable rights, guaranteed him by the Constitution. If a physician voluntarily ostracises himself by refusing to become a member of a county society because some of its by-laws may be repugnant to him, that is his fault; he has a legal right to membership, and it would seem as if the proper course for such a person would be to join the society and then endeavor to secure alterations in the by-laws to have them conform to his ideas.

The Medical Society of the County of New York, representing, as it does, the Regular medical profession, should be made as great a factor for the good of the community as it is possible to make it. Its influence will be in proportion to the number and energy of its members. A society with seventeen hundred members, working hand in hand for the uplifting of the profession and the protection of the public health, would exert double the influence if it had double the number of members. A physician can never reach the ideal of professional attainment unless he adds to the ordinary round of professional work something which will benefit his fellow-man. This is an aphorism which will apply to people in all walks of life, but with greater force, possibly, to medical men than to any others.

Artisans, merchants, financiers, and others find fields for doing good, but generally outside the fields in which they labor for their daily bread. The mechanic, who, with his inventions, opens up new fields of industry, provides new positions for his fellow-mechanics. The merchant and financier open up new fields for the investment of surplus funds, increasing wealth and giving greater opportunities to themselves and to those who come after them. The physician, who studies and delves deep into the sources of disease, does not do this in order to increase disease, but on the contrary, to decrease it. If he labors honestly, as most physicians do, his work tends to decrease the opportunities of those who come after him. Every effort he puts forward to decrease disease robs himself or some colleague of their means of livelihood. No physician stops at this, however; in a manner utterly incomprehensible to the average commercial mind, he plods on, putting obstacles in his own path, waging a war of extermination on his allies, destroying his own avenues of wealth, in order that his non-medical fellow-man may have more comfort and happiness. Our calling is distinctly not commercial, and there is none more Christ-like than that of the true physician.

That medicine has a commercial side is possibly true, but the medical man who turns his attention solely or chiefly to the commercial side fails to see the beauty of his profession, fails to realize

the responsibilities of his calling, and lives a life which adds nothing to the world he inhabits. The man who enters the ranks of the medical profession, therefore, has a duty in protecting the community which he cannot turn his back upon and be true to himself, and in no way can he fulfil that duty to greater advantage than by becoming a part of the Society which is the recognized representative of his profession, and by his presence, and his voice and efforts, strengthen its hands and aid it in accomplishing the work for which it was established. And so it seems to me that, while there is no law making membership in this Society compulsory, every physician who is eligible is under a moral obligation to become a member, and to do his utmost to increase the Society's membership, and in that way increase its power and usefulness. It seems fitting and proper that your presiding officer should, as briefly as possible, lay before you the objects he hopes, with your aid, to accomplish during the year, and the methods he expects to employ.

We shall endeavor during the coming year (1) to increase the membership of the Society; (2) to protect the community by the enforcement of the medical law; (3) to present papers which will be attractive and instructive, and to encourage discussions which will keep the Society in the front ranks of scientific bodies; (4) to create a friendly feeling between ourselves and forces which are now antagonistic to us, to the end that our sphere of usefulness may be increased and that we may have a united profession.

The first object of the Society during the coming year will be to *increase the membership of the Society*. There are at least four thousand physicians in the County of New York and of these about seventeen hundred are members of this Society. According to the Transactions of the Homeopathic State Society there were 1,256 Homeopathic physicians in this State in 1898 and of this number 326 practised in New York County, being 25 per cent. of the total number practising in the State. In 1899 and 1900 the number of Homeopathic physicians admitted to practice in the State was 105. If 25 per cent. of these physicians came to New York County to practise they would swell the total of Homeopathic practitioners in this county to 352. In this same period of two years there were 37 Eclectic physicians admitted to practice and 1,178 Regular physicians. Of the 1,320 physicians legally admitted to practice in this State in 1899-1900, 89 per cent. were regular practitioners and eligible to membership in county medical societies like ours. If this percentage is correct, and it certainly is for the two years mentioned, it follows that 3,500 of the practitioners of medicine in this county are of the regular school and eligible for membership in this Society. Of course, there are some whose membership is not desired, for various reasons, but if we eliminate these there are still remaining a great many medical men who are desirable who are not members of this or of any medical society.

There are a great many medical men, good, honest and worthy members of the profession, who are not members of medical societies because they do not understand the value of such membership. We all know medical men of this class, and we could secure the membership of some of them if we would take the trouble to point out to them the reasons why they should associate themselves with this representative body.

These reasons are many, but among them we may enumerate, first, that this Society is engaged in uplifting and protecting the profession of which these men are members and to which they owe a certain allegiance. Whatever may be the opinions of non-medical members of the community concerning laws regulating the practice of medicine, there are few professional men so blind that they cannot see the many advantages, both to themselves and to the community, of such regulations, and it is a just cause for pride on the part of the members of this Society to know that the Medical Society of the County of New York played no small part in securing the enactment of the laws creating the present high standard of medical requirements in this State.

A second reason why every medical man should be a member of this Society is that the burden of the enforcement of the medical laws falls on this Society. The State gives certain privileges to members of the medical profession which are not enjoyed by other citizens, and in return the State imposes certain obligations on the profession which no member has the right to shirk. If it is so distasteful to one's inclinations, or for other reasons impossible that one should enter actively into the work of this Society—which stands between the public and incompetent medical practitioners—there is no reason why such a person should not join the Society and at least give moral support to those who are endeavoring to carry on the work of the Society, some of which may be distasteful to them, too.

A third reason for becoming a member of this Society is that such membership is a support in time of trouble. Members of the medical profession are especially liable to the attacks of unscrupulous or misguided people who think they have grievances—suits for malpractice, unjust accusations against a physician's character, and many other troubles which may come to a doctor's lot. No medical man is safe from attacks of this kind, be he ever so honorable, or let his position be as exalted as possible. Membership in this Society may not prevent these attacks, but the member of the representative medical society of the county in which he lives, the associate of men of known respectability and honor, stands a much better chance of receiving justice than the man, who, in a county having four thousand practitioners of medicine, stands alone. The first question which occurs to everybody in connection with such a person is, Why has he not associated himself with the County Medical Society?

These reasons can be multiplied many times. It seems to me that the duty of every member of

this Society to see that every medical friend is also a member is second only to the duty of the friend to become a member, and your presiding officer for the coming year takes this opportunity to urge every member to do missionary work among non-members for the sake of the Society, for the sake of the individual, and for the sake of the community at large.

The second object which will engage the attention of the Society during the coming year will be the *enforcement of the medical laws in this County*. This work has been carried on by the Medical Society of the County of New York whenever it has been carried on at all. When the present laws were enacted it was intended that the county medical societies having representation in the three State societies representing the three legal systems of practice in this State should be the organizations authorized to secure the enforcement of the law. The law is worded so that when the section conferring this power is read alone, it appears as if any incorporated medical society of the State had the right to undertake and carry out this work, but when all the sections are read in their regular order the intent of the law, as I have stated it, appears very plain. The Appellate Division of the Supreme Court has decided that this section of the law should be read alone, without, however, giving any reason for such an interpretation. The County of New York would not appeal from this decision, and we could not. Under this decision any incorporated medical society of the State has the right to undertake the work of securing the enforcement of the medical law, and to claim the fines imposed. The only organization beside ours which has undertaken this work up to now is the New York County Medical Association, which has secured three convictions this year. Our Society has been doing this work for so long a time that we have come to be looked upon as the authorized agent for the enforcement of the law. Our counsel acts for the District Attorney's office, and to introduce new societies into the field, with new counsel, will be to introduce confusion. Rival societies conducting prosecutions of violators of the medical laws, each anxious to outdo the others in securing convictions, may result in injustice being done and give the appearance of persecution instead of prosecution, will disgust the courts, thus making convictions of actual offenders more difficult, and will increase the cost. The cost of conducting this work is no small item. Seven years ago it cost this Society one hundred and forty-five dollars to secure a conviction. During the year just closing it cost seventy-nine dollars, and for the seven years it has cost an average of eighty-eight dollars for each conviction. Of course, the whole of this does not fall on the Society, as the fines paid are turned over to us; if we deduct the fines received, the cost to the Society for the past year was twenty-two dollars for each conviction. We maintain, under the supervision of the Board of Censors, a system with a prosecuting attorney at its head for the enforcement of the medical

laws in this county. Complaints of violation of the law are numerous, and in order that no injustice may be done every complaint received is carefully investigated before any definite action is taken. To make these investigations the counsel has in his employ a number of detectives. The cost of this law bureau averages about two hundred and fifty dollars a month. As we have said, this outlay is partly offset by the receipt of the fines imposed on convicted violators, but the excess of expenditures over receipts by the most economical management will average at least fifty dollars a month. As our system has been perfected the cost has been reduced, and we hope soon to reach a stage when the expenditures and receipts will balance. Of course, if we are compelled to divide this work with other organizations, the receipts will be diminished and the net cost to the Society increased.

We have labored under a disadvantage inasmuch as a decision was rendered by one of the Judges of the Supreme Court, twenty years ago, that to constitute a violation of the law governing the practice of medicine it was necessary to give medicine or drugs. Lawyers advised that no suits against violators of the law be brought unless a prescription written by the alleged violator, or medicine given, could be put in evidence. We contended that the practice of medicine was the treating of disease, regardless of the method employed, and during the last session of the Legislature we endeavored to secure an amendment to the law which would make this plain. We failed in this, but we aroused public sentiment to such an extent that one of our city judges put us in the way of securing a conviction in the case of a so-called "astrologer" who treated a patient who had a fistula *in ano*, with electricity. Our counsel worked up this case and, notwithstanding the fact that the defendant moved a dismissal of the case on the ground that no violation of the law had been attempted because no medicines or drugs were used, the defendant was convicted of violating the medical law and paid a fine of two hundred and fifty dollars. The Judges who rendered this decision and imposed the fine were Justices Holbrook, Jerome and Hinsdale. This decision settles the question of what constitutes practicing medicine unless the decision is reversed in some other case.

It is a cause for congratulation on the part of the members of this Society that the enactment of the present medical law was secured through the efforts of our system of medical societies, and it is a fitting climax that this Medical Society of the County of New York secured the conviction which demonstrated that this law is broad enough to cover all unregistered practitioners who treat disease, regardless of the method they employ.

The third object which will engage the attention of this Society during the coming year will be the *reading and discussing of scientific papers*. We have succeeded in obtaining the promises of leading members of the profession to read papers

and take part in our discussions which will ensure meetings replete in interesting and instructive matter. Each meeting will be devoted to the discussion of some one subject, and members of the profession, not only from our own city, but from other parts of the United States, will be requested to take part. The December meeting will be called the orthopedic meeting. The January meeting will be the gynecological meeting. The February meeting will be the State medicine meeting. The March meeting will be the medico-surgical meeting. The April meeting will be the ophthalmological meeting. The May meeting will be the genito-urinary meeting. Following the summer vacation the September meeting will be the otological meeting. In October will be the annual meeting and no papers will be presented. The November meeting will be the inaugural of the new president.

The Milk Commission of our Society which has done good work will be continued, as directed by the Society, and the Society will be kept informed of the work done.

And now, fellow members of the Medical Society of the County of New York, I approach the consideration of the fourth object which in my judgment we should have in view, with hesitation, not because I am opposed to its consideration, but because of the fear that what I say may be misconstrued and misinterpreted. The necessity for its consideration, however, is so positive that I feel I cannot conscientiously avoid it. This object is *the creation of a friendlier feeling between ourselves and forces which are now antagonistic to us to the end that our sphere of usefulness may be increased and that we may be a thoroughly united profession*.

It is folly to deny that any unfriendly feeling exists between the members of the Society and the Association. That over sixty-seven per cent. have not this feeling may be true; over sixty-seven per cent. of the membership of the Association is made up of members of this Society, and it is difficult to imagine a man having a genuine feeling of antagonism for himself. There are, however, a few who have bitterness enough to disturb the whole profession. Many of the members who pay dues to both organizations do not understand the cause for the existence of both bodies. They join both because of friendship for other members, for social reasons, for business reasons, and so on. I have many warm personal friends who are members of both; indeed, some of my intimate acquaintances are members of the Association and not of the Society.

This division had its origin when the Medical Society of the State of New York modified its by-laws so as to change the code of ethics of the American Medical Association, which had hitherto been the code of the State Society. The State Society finally abrogated all written codes, in which condition it remains to-day. The minority in the State Society, after this body had reaffirmed this action for three years in succes-

sion, retired and organized the New York State Medical Association in order to uphold this code. This code defined what should be the attitude of the members of the profession to each other and of the profession to the public. It also undertook to instruct the public as to how it should treat the profession. It would seem as if it were unnecessary to tell members of the profession, who are supposedly and generally are gentlemen how they should treat each other or how they should treat the public. Members of a learned profession should treat each other as gentlemen, and should assume to the public the attitude of honest men; it ought not to be necessary to have a code to tell us this. The public, on the other hand, while it has a high regard for the medical profession, looks upon the profession as a sort of necessary evil. The public consults the profession when in need of medical advice, and pays for the advice a financial consideration, and that is all it cares for the medical profession.

These items, however, the opponents of the code could have passed over, but the code went farther, and declared that no regular practitioner should meet in consultation any practitioner who held views on therapeutics at variance with his own. This was intolerable, and the State and county societies finally refused to be governed by it. As a consequence the American Medical Association declined to receive delegates from the State and county societies. As we have said the State Association was organized to uphold this code. Men have become members of the Society, thus endorsing the views of the Society, and have then joined the Association and subscribed to the very code their membership in the Society has stamped them as being antagonistic to. Other States, we are told, have refused to accept the principles of the code, and their delegates have been received by the American Medical Association, but the delegates of the Medical Society of the State of New York, the representative of the medical profession in the Empire State, a Society whose honorable career is approaching the century mark, is debarred, because it refuses to subscribe to a code of ethics which is, admittedly, a dead-letter.

This is the history of the past. It has come to us from various unofficial sources that the American Medical Association has been reorganized so that the question of code does not come into its membership. In the absence of official information we cannot be sure that this is true, although it is stated as a fact in order to induce members of our Society to join the Association that there is no difference now on the code question. If this be so, since the New York State Society's delegates were excluded simply because they would not subscribe to the written code, it would seem, now that this is no longer necessary, that the American Medical Association would be glad to receive our delegates. If there be reasonable ground for supposing that our delegates will be received, as representatives of the regular medical society—one of the oldest if not

quite the oldest in the Union—I recommend that the State Society be requested by the Medical Society of the County of New York to take some steps looking toward an adjustment of the differences which now exist. It seems to me there is a necessity for the existence of a National body; there are desirable conditions which should be brought about, which cannot be, except through the concerted action of various State medical societies acting through a central body.

We have, for instance, a standard of medical requirements in nearly every State, and yet, although these requirements are similar, the right conferred to practise medicine in one State gives the person possessing it no privileges in another State. Men who have practised medicine in one State, possibly for years, reaching positions of honor and respect which have placed them in the foremost ranks of the medical profession, cannot transfer their positions and possibly achieve greater renown in other States unless they undergo technical examinations which nobody but recent graduates can hope to undergo successfully without considerable preparation. I do not wish it understood that I object to State medical examinations, for I am heartily in sympathy with them; I do think, however, that it is not good to overdo the matter of State examinations. I do not think the standard should be raised too high, and I am inclined to the belief that it has been raised in this State as high as it should be raised. I do not think our standard is too high, or that it should be lowered to meet the requirements of other States. I believe the standard of other States should be raised to correspond with ours, and that the person possessing the right to practise in one State should have the right to practise in any State in the United States. In other words, there should be reciprocity between State examining boards, and this can only be brought about through the efforts of a National body made up of medical societies in interested States. There should also be in this country a National Bureau of Public Health, with a physician at its head, who should be a member of the Cabinet of the President of the United States. This, too, can only be brought about through the efforts of a National Medical Society.

The American Medical Association is in the field; its first meeting was held in the City of New York and the Medical Society of the State of New York was party to its organization. We have become estranged and it seems to me that some steps should be taken to bring about a reconciliation, if it can be honorably accomplished. The unity of the profession and representation in the American Medical Association are objects well worthy of attainment, but nothing on this earth is worth the sacrifice of honor.

A search through the proposed new constitution and by-laws of the American Medical Association fails to reveal anything of a code of ethics, and we have been informed that if our members presented themselves as delegates to the American Association they would not be

asked to subscribe to a written code or creed. We are told the only obstacle in the way of delegates from our Society being recognized by the American Medical Association is the presence of the New York State Medical Association, which is the body in affiliation with the American Medical Association, and the National body cannot recognize two organizations in one State.

There can be no greater compliment paid to the Medical Society of the State of New York than that other organizations have adopted the plans and ideas promulgated by the State Society. Medical examining boards in nearly every State in the Union are copied after our State board, which is largely the creation of our State Society. Our system of organization, comprising a central body or head, with county or subordinate branches sending delegates to make up the central body, has been adopted by other State societies, including the New York State Medical Association, as well as the American Medical Association. This system has been our plan of organization since 1806. One of the prominent members of the American Medical Association, whose name I am not at liberty to divulge, in writing to me, says: "Nearly all the States have followed the example of yours in reference to laws regulating the practice of medicine, and in all these States our members of Boards of Examiners violate the letter of the code in signing certificates for irregulars. Your State was simply unfortunate in being the first to take this step and thereby bring down upon it the censure of a few of the strict code men in the Association." Our State Society has been criticized for taking the step of abolishing the code of ethics too soon, our critics contending that the same thing would have been accomplished in the end without any difficulty if matters had been allowed to take their course. However this might have been, whether our action in 1882 led to the accomplishment of what we have been told has been accomplished—the abrogation of the code by the American Medical Association—or whether this would have been the natural course of events regardless of our action at that time, is not for us to say. It is sufficient to know that this has been accomplished—if it has been—and that there is now no difference in this particular between the Medical Society of the State of New York and the New York State Medical Association.

I cannot believe it is the proper course to pursue for members of the Society to become members of the Association in order to become members of the American Medical Association. If the doctrines promulgated by our Society have been adopted by others, and if our system of organization is, in the main, that on which the reorganization of the American Medical Association has been accomplished, it seems hardly fair that our members should be asked to affiliate with a younger medical body, and that the claims of the older organization should be ignored. At the same time it is not to be expected that the younger body should yield everything to the

older. There should be some common ground on which the advocates of both organizations could get together and determine what, if anything, can be done. My recommendation is this: That the Medical Society of the County of New York appoint a committee to confer, if possible, with other organizations, to ascertain if an amalgamation of the Society with other societies and associations cannot be accomplished on terms satisfactory to all concerned, and that this committee report to the Society at the stated meeting in January, or sooner, in order that some recommendation may be made to the Medical Society of the State of New York at its next annual meeting.

Gentlemen, and fellow members all, in conclusion let me say that I am not one who believes in rejecting overtures of peace. I would hold out the right hand of fellowship to any member of the profession who is respectable; indeed, I would go farther; I would present the olive branch to our colleagues in other organizations which have been opposing us. I would be willing to make concessions, and would exhaust every honorable means to bring about a reconciliation; but, if our efforts are spurned, we of this Society—which is venerable in years and honorable in reputation—must go on in our own way, being true to the Society and to ourselves, and from other States men will flock to our banners—as I am informed they are willing to do now—and we can not only build up and national body which will fulfil the purposes for strengthen our Society, but we can create a Na- which such a body should be created, namely, to uplift the profession and to protect the public health.

ORIGINAL ARTICLES.

THREE POINTS IN THE TREATMENT OF THE DEFORMITIES OF INFANTILE PARALYSIS.¹

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INSTEAD of following the synopsis of this paper as outlined in the program and discussing the pathology and operative technic of these conditions, I shall confine myself to a few words on the treatment of the deformities of infantile paralysis. It is not because I have any new ideas to offer that I am induced to take up this subject, but because certain small details, so often overlooked or forgotten in the management of these cases, are worthy of more careful attention, and because the sufferer from infantile paralysis is entitled to the benefit of every therapeutic measure that can possibly improve his condition. And at this time, as a further preface to what I shall say about treatment, permit me to add that every case of in-

¹ Read by title at the meeting of the Illinois State Medical Society, Peoria, Ill., 1901.

fantile paralysis is sure to result in some deformity sooner or later, and that the chief factors in the production of these deformities are the atrophy and loss of power of the paralyzed muscles and the consequent contraction and shortening of the active and unopposed muscles. Bearing in mind these facts, I wish to emphasize three points in the treatment of these deformities.

The most efficient treatment of the deformities resulting from infantile paralysis is the preventive treatment. Infantile paralysis is the cause of about 35 per cent. of the deformities of the lower extremities that come to the orthopedic clinics. In a very large part, if not all, of these cases, the deformity could have been prevented if treatment had been begun earlier. Rarely does a case come to the attention of the surgeon until the contractures and deformities are marked. I think I am safe in saying that I have never seen a case of infantile paralysis within six months of the acute attack; usually it has been years afterward.

Treatment should be begun as soon as the extent of the paralysis is well defined, for we can then predict almost definitely what the resulting deformity will be. The parents do not realize this because their whole concern at that time is with the paralysis and their thoughts are occupied with trying to find something, medicine, electricity, massage, that will bring back the power in the afflicted limb. We know that to a certain extent that power will never be recovered and, further, we know that contractures of those muscles that are unaffected, and consequent distortions of greater or less extent, are sure to take place. The family should be made to realize this. After recovery is complete and all has been done that can be done to improve the tone of the muscles that are spared, they should be told that, so far as the paralysis is concerned, the account is closed and, if they wish to make the best possible use of the limb and prevent more trouble in the future in the shape of deformities, they must take steps at once to do so.

Human nature is very prone to put up with burdens that come on slowly so that the individual becomes accustomed to them, when the same burden developing suddenly would seem intolerable. So in these cases of deformity which develop gradually the child becomes accustomed to the disability, and the parents, having accepted the fact that the paralysis is incurable, naturally conclude, unless they have been warned, that the resulting deformity is unavoidable.

A boy, eighteen years old, was recently sent to me for scoliosis. As he came into the office, I noticed that he walked with a limp that was not accounted for by any scoliosis. On undressing him, I found a severe, rigid, right dorsal-left lumbar curvature of the spine, and, in addition, the left leg was partly paralyzed and two and one-half inches shorter than the right. The short leg was the sole cause of the lateral curvature. The paralysis had occurred at four years of age and had affected nearly the whole leg, but enough muscles were spared to allow him

to walk without support and contractures were not severe. He had gone without treatment until he was twelve years old, when the spinal curvature became so marked that the parents began to get ready to do something. He went through various hands for the next six years, including the Kirksville School of Osteopathy, where he boarded for several months to get the benefit of being at the fountain-head. When he came to me his mother said he was worse than ever. Inquiry brought out the fact that no one had ever suggested lifting the shortened leg. They said the doctors had never paid much attention to that leg because they said it was incurable. I assured them that the spinal trouble was also incurable, but that I believed the lad could be much improved by simply wearing a high shoe. This was done and the improvement was so marked

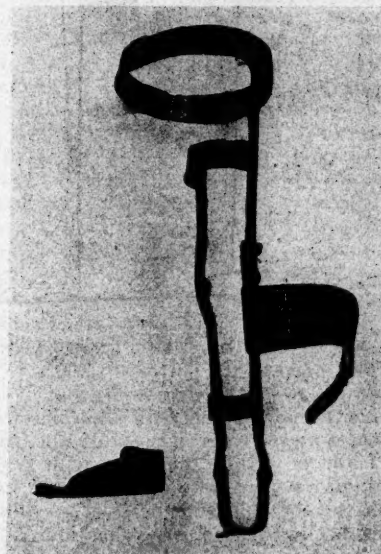


FIG. 1. Showing the brace in the rough before being leather covered and nicked; the joint at the knee is unlocked. A foot-plate used in cases of varus and worn inside the shoe is also shown.

that I was encouraged to attempt treatment of the spine and eventually increased the improvement already gained. Had the boy begun twelve years before wearing a high shoe to compensate for the gradual shortening, the spinal curvature would never have developed. This brings me to the second point that I want to emphasize.

Every case of infantile paralytic deformity, however slight or severe, can be improved to some extent by appropriate treatment. That treatment may be anything from adjusting a simple ankle-brace to correcting clubfoot, to an extensive tendon transplantation or to the production of an artificial ankylosis of a joint. We are all familiar with the condition in which the anterior muscles of the thigh and leg are affected but those of the calf are spared. As a result the

patient walks awkwardly, throwing the leg forward by the aid of the ilio-psoas muscles and bringing the foot down flat on the floor and fixing the knee by hyperextending it. The center of gravity falls behind the heel and the tense posteri-

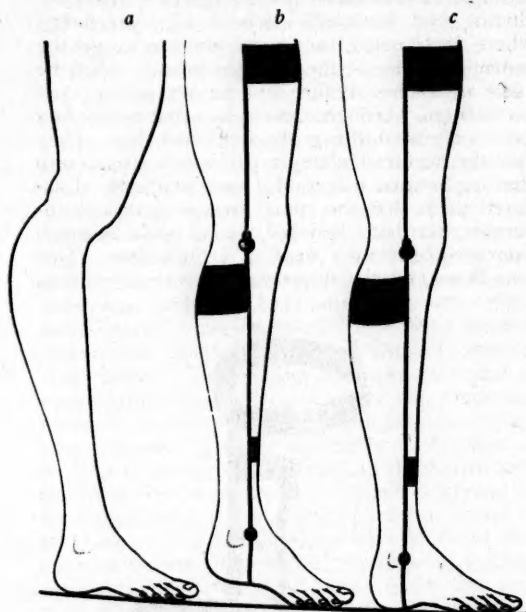


FIG. 2. Showing mechanical effect of brace and tenotomy in the condition described. (Adapted from E. Noble Smith.)

or ligaments hold the knee stiff while the weight is thrown forward over it. Often the patient has a habit of fixing the knee with a hand on the thigh. As a result of this constant hyperextension of the joint the head of the tibia is displaced backward and somewhat inward, and the foot becomes extended by the contraction of the soleus muscles.

I have had this unfinished brace made for a little patient of seven years with exactly that condition. It works thus: A bearing-point is made on the anterior surface of the thigh by means of this spring-steel band which passes half round it, another is fixed in the same way just above the ankle, then the leather strap is passed behind the head of the tibia just below the knee-joint and thus the tibia is drawn forward by tightening the strap. Sometimes this can be accomplished quite rapidly; at others it takes several weeks, the strap being drawn a little tighter every few days. The bands at the thigh and ankle are completed by leather straps which buckle around the leg to hold the splint in place. At the knee a ring-catch joint is made so that the patient can sit down. When he rises to walk the ring drops over the projecting bar and fixes the knee stiff. That is the object—to stiffen the knee artificially in walking and hold it in normal position. But, when the head of the tibia is drawn forward into place,

the heel is lifted from the floor by the contraction of the tendo-Achillis and the extension of the foot, so the patient cannot set the foot flat on the floor, but usually has to step on the ball of the foot. (See *b*, Fig. 2.) If now we do a tenotomy of the Achilles tendon, dorso-flex the foot to a little more than a right angle and put it up in plaster of Paris until the wound heals, then with a stop-joint at the ankle the patient can walk with the leg and foot in normal position. (See *c*, Fig. 2.)

This stop-joint allows of flexion to any extent as the body is carried forward, but extension is only possible to a right angle, thus preventing the toe-drop. When there is a tendency to inversion or eversion of the foot, instead of attaching the splint to the shoe, it is attached to a thin steel foot-plate with a flange on the inside or outside according to the condition and this is worn inside the shoe. (See Fig. 1.)

In cases where the posterior thigh muscles are spared, but the anterior ones are paralyzed, exactly the opposite condition exists—the knee is held in slight flexion by the contraction of the hamstrings, and the patient cannot walk at all. Here the same splint can be used by simply reversing the bearing-points and carrying the pres-



FIG. 3. Showing brace adjusted.

sure strap over the knee and doing a tenotomy of the inner and outer hamstring tendons so as to extend the leg. Here the same ring-catch joint may be used or not. If the tendency to contraction in the hamstring muscles is very great it may be better to keep the knee stiff all the time.

The third point I wish to speak of is this: *Simple tenotomy of the shortened tendons in these cases is of great benefit aside from the release of tension and improvement of function that result.*

Every surgeon who has done tenotomies in cases where rigid contractures existed has noticed the marked improvement that takes place in the nourishment and general condition of the limb. Almost immediately in some cases, the leg becomes warmer and loses its blue appearance and not only the muscles that are released from tension improve in function, but some of the muscles that were thought to be paralyzed seem to gain in activity, showing that some trophic, vascular or reflex stimulus has been brought about by the operation.

E. Noble Smith (Paralytic Deformities of the Lower Extremities, 1900, p. 65) says: "The idea occurred to me that as tenotomy of a sound muscle is capable of producing so much improvement in nutrition in a neighboring muscle weakened by paralysis, how much more direct an influence would tenotomy of the affected muscle itself have. Acting upon this idea I have operated in this way upon two patients, . . ." and he goes on to give the histories of these two cases and states that to his surprise the paralyzed muscles in both cases showed some contractile power and the electric formula of degeneration, which had existed before the operation, was changed to one of active response.

Just a word of caution: Tenotomy alone for correction of a deformity caused by contractures is disappointing. Unless the improvement gained by the operation is maintained by proper mechanical apparatus, the contractures and deformity will almost surely recur.

The large number of these cases that we see which have had tenotomies done somewhere at some time and the limb allowed to relapse into its original deformity for lack of after-treatment convinces me that this point is not borne in mind by many who consider themselves competent to operate upon these cases. In dealing with paralytic deformities the essential treatment has but just begun when the operation is finished.

ARTIFICIAL MILKS.

BY LOUIS KOLIPINSKI, M.D.,
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MILK is the chief food of mankind. Its consumption is as universal as it is necessary. Without it the young will not thrive. The heavy mortality of early life is due to artificial and unnatural feeding. The infant properly nursed by the mother is the ideal of health and vigor. Milk for the new-born is indispensable.

In the child and adult, milk is no longer a *sine qua non*. A great variety of other foods is consumed varying with race and climate, civilization, habits and the fancies of the gastronomic art. Whilst no longer the sole means of subsistence the rôle of milk in dietetics is a great one.

Without it the treatment of many diseases is futile. It remains a complete and perfect food for the sick upon which a wasted body can be revived and fattened. Its sole and persistent use is directly curative. So valuable a product cannot but excite admiration in whatever light it may be viewed. So extraordinary and perfect a combination cannot but produce an impression of harmony and adaptability upon the observing thinker.

Physically milk is the most perfect of emulsions. Chemically, its ingredients are so proportioned as to satisfy every organ of digestion and nutrition. Whilst in the generality of subjects the use of milk in disease cannot be improved upon by any other fluid food, in exceptional cases it cannot be administered for a variety of causes. Some of these are fanciful and the outcome of prejudice, others real and beyond the patient's will or judgment to control.

Amongst fancied objections are the impressions that it causes "biliousness," that it cannot be digested, that it causes constipation, that its taste is repugnant. Real objections of gravity are that in some it produces a diarrhea which continues as long as its ingestion, and in others, attacks of typical migraine. For these various reasons the writer has devised substitutes for milk where its use is thought a necessity, but when the patient's distaste or objections must be considered.

In composing an artificial milk the following conditions were considered. That it should approximately represent all of the component parts of the animal secretion. That the percentages of salts and of water are of vital importance. That the product should be cheap and readily and rapidly prepared. That the ingredients should be easily obtained. That they should be fresh and sterile and that the mixture be palatable. These requisites are fulfilled in the following general formula: Extract of malt (sirupy), one tablespoonful; olive oil, one tablespoonful; roasted flour, two teaspoonfuls; one broken raw egg. Beat up in a bowl or dish with a spoon or eggbeater for three or four minutes. Add by degrees whilst stirring, a tumbler or gobletful of pure cold drinking-water. Season with table-salt. To be taken one or two hours after meals. In hot weather add crushed ice or prepare the whole in a "milk-shaker."

As is apparent, the extract of malt is used to emulsify the oil, and for its diastatic effect upon the flour. The malt should be of thick consistency. The olive oil represents the fat of milk. The egg, the albuminoids, fat and salts of the natural fluid. The table-salt is added for its digestive effect and to improve the taste of the compound. The roasted flour after conversion into dextine and maltose replace the lactose of milk. The proportion of water is necessary for proper digestion and ready absorption.

This general formula is varied and modified in numerous ways, according to the circumstances or indications of any particular case. The

flour may be increased in amount or diminished or omitted. Increased for its soothing effect in intestinal disease, dispensed with where a carbohydrate is not indicated. The olive oil may be replaced by any other fixed oil or fat. Of the former class cod-liver oil deserves particular mention. Not alone for its great therapeutic-dietetic value, but because it has been found that thus administered it is very readily taken and that the great heat spells of summer are not at all an objection to its persistent use. Other more or less eligible substitutes for olive oil are the fixed oils of cotton-seed, rape-seed, sweet almonds, poppy-seed and peanut.

Of fats, unsalted butter and chocolate, a heaping teaspoonful of the first and two heaping tablespoonfuls of the second, will be found useful. In a chocolate milk, of course, the roasted flour is needless. The chocolate should be grated, or in fine powder form.

The flavor of these artificial milks is rich, and the after-taste pleasant. They produce the agreeable, general sensation of normal digestion. They are restoratives for minor forms of temporary exhaustion, muscular or mental. They produce feelings of composure and confidence. The subject's mind and manner, nerve and decision are at their best.

Special uses and effects will be found exemplified in the subjoined cases.

When Milk Cannot be Borne from Idiosyncrasy.

Case I.—A printer, twenty-seven years of age and able to pursue his daily work whilst under treatment, suffered from chronic pulmonary tuberculosis and chronic enteritis with ulceration. This docile and obedient patient, against his own judgment, consented to drink milk. An attack of migraine immediately followed confining him to his bed for a day. Artificial milks were then used: of olive oil, cod-liver oil, butter and chocolate. This is the record of improvement on the first-mentioned preparation all of which he took with great relish.

Height, 5 feet 7 inches; maximum weight at twenty years of age, 110 pounds; 1st day, 110 pounds; 4th day, 110½ pounds; 8th day, 111 pounds; 12th day, 112 pounds; 17th day, 113½ pounds; 30th day, 115 pounds; 40th day, 116 pounds; 45th day, 116½ pounds; 50th day, 117 pounds; 54th day, 117½ pounds.

Mother's Milk Can Be Replaced by the Artificial Milks in Infant-feeding.

Obviously this should only be done in disease or health when the infant is not breast-fed.

Case II.—An eleven-month-old babe, properly nursed and in good health, showed evidence of suffering, by constant screams, restlessness and loss of weight. This unusual behavior of the infant continued for a week. On investigation it was found that the mother was three months advanced in a second pregnancy and that the milk secretion had practically ceased. Starvation of her offspring was the consequence. The following was given with immediate relief and repeated

four to six times daily: One-half of a whipped egg; cod-liver oil, one-half teaspoonful; extract of malt, one-half teaspoonful; roasted flour, one teaspoonful. Emulsify and add four fluid-ounces of cold boiled water. Season with table-salt. Give from a large spoon, cup or glass.

Case III.—A woman with an abundance of breast-milk began the use of a nursing-bottle upon her infant of six months. On the approach of hot weather the child developed a severe summer diarrhea and at the end of five weeks the medical attendant considered the case hopeless. Examination showed great emaciation of the body. The gums were deep red and swollen; no eruption of teeth; tongue small and dry. The babe uttered a constant, feeble wail. The abdomen was distended; the lower border of the enlarged liver and the outlines of the intestines were discernible through the shriveled abdominal wall. Feebleness was extreme; the picture was one of "marasmus." The presence of a continued fever which had, perhaps, existed all along made a prognosis unfavorable; tuberculosis being probably the essential cause of the malady. The infant was far too feeble to suckle and was given its mother's milk with a spoon. Four glasses of the cod-liver-oil milk as in the preceding case were administered daily. The emulsion was greedily taken and was very well borne. For five days the general state remained improved—sleep was natural and refreshing; the infant seemed strengthened. There was no change in the body temperature. Death occurred suddenly on the sixth day of treatment.

The emmenagogue action is certain where the proper indications are found. These are in non-pernicious anemias; physical debility from active or latent forms of gastro-intestinal diseases; the scanty or suppressed flow of obesity; incipient and chronic tuberculosis and the constitutional lean habit. In uterine atrophy it may be useful.

Case IV.—A. F., sixteen years of age; pale, weak, and hollow-eyed; figure stooping and manner languid. She has little appetite; feels tired; the peripheral circulation is sluggish. She is probably overworked at school. Menstruation appeared for the first time in traces for two days. November 22-23, 1900. Was given preparations of iron without result. The menstrual flow remained absent until February 10, 1901, when a very scanty discharge was recorded. On March 30, 1901, weight was 85 pounds. On April 1st was directed to take a goblet of artificial milk between meals twice a day. Olive oil was used, and the roasted flour omitted. Menstruated from April 6th to 9th normal amount. The girl's appearance was very much improved within a week. April 13th, weight 87 pounds. May 4th in lighter clothing weight 87½ pounds. May 6th, normal menstruation.

Case V.—A woman of thirty-nine years, mother of two children, the oldest eight years of age. Her health has been good for a long time, excepting attacks of acute bronchitis and of

spasmodic asthma. Has of late grown stout. Maximum weight, 158 pounds; height, 5 feet 2 inches. Menstruation did not appear in August, 1900; general state, normal. Gynecological examination showed healthy adnexa, the uterus slightly enlarged; position normal, cervix slightly lacerated; no leucorrheal or other discharge. There were none of the nervous and none of the local symptoms of the menopause. It was, therefore, assumed that the menstrual molimen had ceased as a result of obesity. Dietetic treatment for the reduction of the increasing weight did not seem indicated because of her general good health. Various remedies were given to restore the flow, but without result. The period formerly appeared in the first week of the month and continued three days. For this reason the olive-oil milk was taken twice a day beginning on June 1, 1901. She began to menstruate on the 17th—duration of flow three days. Emulsion resumed July 1st, flow began July 10th. In August she did not find it necessary to continue the treatment.

In consumption these emulsions are valuable whenever an increase of food is indicated, as is practically always the case. The existence of fever, intestinal catarrh or a dyspepsia are not contra-indications.

Case VI.—A retired painter of sixty-five years had pursued his calling for a lifetime. Of late years he had recurring pulmonary hemorrhages and a chronic cough. He contracted a right-sided pleuropneumonia which ran a favorable course in seven days. Succeeding this came a mild attack of gout probably due to chronic lead-poisoning. He became exceedingly weak and wasted and a severe spell of hot weather in the first days of July resulted in heat prostration and a debilitating diarrhea. In June two attempts to give the milk of olive oil proved futile, because of the resultant brisk purgation. Cod-liver oil was then exhibited and he at once began to improve in every way. Body weight June 27th, 111 pounds; August 1st, 119½ pounds.

An increase in the body weight has been the usual result of the exhibition of artificial milks in most of the cases where they have been found useful. In treating leanness, pure and simple, as a fault of nutrition—a state of the human economy vastly more common in America than obesity—these emulsions yield good service.

Case VII.—A widow past the menopause, of consumptive parents, has for years enjoyed fair health. Her weight at its maximum was 145 to 150 pounds. Of late without patent cause she has been losing weight until on April 13, 1901, she had sunk to 127 pounds. She consented to take the olive-oil emulsion two or three times a day as an experiment with the following result: April 13, 127 pounds; April 20th, 131 pounds; April 27, 131 pounds; May 9, 133 pounds; May 22, 134 pounds; June 7, 136 pounds. Four pounds should be added to the last weighing for the difference in the clothing worn.

In typhoid fever such preparations may be used

to an advantage as adjuncts to the milk diet, or as temporary substitutes for the same, or during the stage of recovery when solid food cannot be given with safety.

Case VIII.—A woman of sixty years developed typhoid fever after having been her son's sole nurse for the same disease. On the fifteenth day the temperature ranged from subnormal to normal without any further elevations. Convalescence was not accompanied by the usual signs of prolonged sleep and increasing strength, but, on the contrary, her state was one of collapse. She was restless; clear in mind; extremities cold and in a clammy sweat. The pulse extremely weak and irregular. She was nauseated and with difficulty retained the milk given her. Her condition was not due to intestinal hemorrhage, but from acute cardiac weakness. A liberal supply of liquid food was imperatively indicated and, as the exhibition of milk was an affair of much difficulty, its action was supplemented with four goblets of the artificial milk of olive oil a day. This was taken with relish and, at the end of twenty-four hours, with apparent very great benefit.

As a galactogue good and speedy results are achieved in that very large class of nursing women in whom a debilitated state of the system is the primary cause of scanty milk secretion. In another class where insufficient and improper food and minor dyspeptic disturbances are causative factors, results equally as satisfactory are obtainable from their exhibition. Any of the forms of the artificial milk may be prescribed, agreeable to the palate of the patient or the judgment of the medical advisor.

For the use of travellers, explorers and sportsmen, the milks are theoretically well adapted. Probably as an army ration or for sick and invalid soldiers they may be found serviceable. No data having been as yet formulated, these statements are merely offered in a suggestive way to any whose opportunities may hereafter allow a practical test.

The cases narrated outline the manner of using these artificial milks in daily practice. They have received a fair amount of local approval and have at times been adapted to family use. As they are extemporized emulsions; easily and quickly prepared; their ingredients inexpensive and common, they will be popular with the house-keeper, cook, or nurse. Finally, the process is devoid of technical detail and requires no apparatus or appliance that cannot be found in the humblest home.

ON THE BIOLOGICAL RELATIONSHIP OF PROTEIDS.¹

(Preliminary communication.)

BY P. A. LEVENE,
OF NEW YORK.

I AM prompted to make this preliminary communication by the appearance of Uhlenhuth's article in the *Deutsche med. Woch.*, 1901, No. 45.

¹From the Saranac Laboratory for the Study of Tuberculosis; Dr. E. L. Trudeau, Director.

Uhlenhuth finds that the serums of rabbits treated with blood of different animals form a precipitate on addition of muscle extracts of the respective animals.

All researches published previously to the last publication of Uhlenhuth lead to the belief that the serum of an animal that has received several peritoneal injections of a certain proteid acquired the property of forming a precipitate only on addition of a solution of the same proteid.

The new work of Uhlenhuth would indicate that there exists a biological similarity between the blood and the muscle proteids, or, in other words, a biological similarity between proteids having a different chemical individuality, but obtained from the same animal.

Our laboratory is now engaged in the investigation of this question, and, although the work is not completed, we wish to say that thus far our results seem to be in conformity with those of Uhlenhuth.

We have "immunized" rabbits for about two months with milk and found that their serums will form precipitates with milk, casein, milk albumin and also with beef serum. The same serum will fail to form precipitates with the entire white of the egg, egg albumin, egg globulin, chicken serum, sheep hemoglobin.

On the other hand, we found that animals that received injections of the white of the egg for two months will form precipitates with egg albumin, egg globulin, the yolk of the egg, with chicken serums, also with turkey serum.

No precipitate will be formed on the addition of milk proteids, beef serum, nor of the different proteids of the latter, of guinea-pig serum nor serum of a normal rabbit.

The results thus indicate that chemically different proteids derived from the same or closely related animals have the power of producing similar "precipitines" when injected into animals.

It therefore seems to us that human milk could be used for obtaining serum for the detection of human blood. The details of the work in progress will be published in full when completed.

MEDICAL PROGRESS.

THERAPEUTICS.

Regimen in Bright's Disease.—Without questioning the fundamental importance and value of absolute milk diet in Bright's disease, A. MARTINET (*La Presse Méd.*, Nov. 13, 1901) observes that clinicians of wide experience have all seen patients do well in spite of the latter's refusal to submit to the dietary rules prescribed by their physicians. This writer recalls the contention of Robin, who believes that vegetarian diet is more potent than an exclusive milk diet in the control of albuminuria. The principle of dietary regimen in renal disease is the reduction of the work of the secreting cells. It is impossible to exclude nitrogen elimination absolutely, because, even in absolute starvation or a diet of water alone, proteid substances derived from the body tissues continue to find their way through the secreting renal cells. To maintain nitrogenous

equilibrium at least three liters of milk a day must be taken, and, while some patients bear this diet well, it provokes in others gastric dilatation, fermentation, toxemia and loss of strength. When disturbances of digestion follow the tentative resort to milk diet, the latter may wisely be abandoned for a more liberal regimen; the general condition of the patient and not the quantity of albumin in the urine becomes the guide to treatment in such cases. In acute nephritis absolute milk diet may be regarded as essential; in chronic cases the following plan is proposed: Begin with milk exclusively, and watch the urine; usually the albumin will first increase, then diminish, then remain stationary; now add vegetables and study the albuminuria quantitatively as before; when variations cease try meats cautiously, again studying the albuminuric curve. Ultimately that diet is adopted which minimizes the albuminuria, whether it be purely lactic, lacto-vegetarian, or lacto-carno-vegetarian.

Sulphur in Dysentery.—Mr. Arbuthnot Lane advocates the use of sulphur in the treatment of anthrax, and, as ipecacuanha was also used in this disease, E. G. RICHMOND (*Lancet*, Nov. 23, 1901) determined to try it in cases of dysentery. Many cases of the latter disease failed most signally to respond to the ipecacuanha in the Imperial Yeomanry Hospital at Delfontein, South Africa, but where sulphur was used the results justified all the expectations hoped for. There was little or no tendency to relapse or to chronic conditions of alternating diarrhea and constipation. Every patient was ordered a farinaceous diet from the first; meat of every description was forbidden until the diarrhea had ceased for a week. Twenty grains of sublimed sulphur, combined with five grains of Dover's powder, were ordered every four hours, and from the administration of the first powder the general condition of the patient became much improved; the diarrhea and distressing tenesmus and griping were relieved at once, while the passage of blood and mucus was stopped in two days. The writer treated ten chronic and eleven acute cases of dysentery. In the first class sulphur alone was administered, but in the acute cases opium was added. Just how the sulphur acts the author does not state, but he thinks that there may be liberated sulphuretted hydrogen and other sulphur acids which inhibit the growth of the micro-organism specific for the disease.

Suprarenal Extract in Hemophilia.—According to Dr. F. Grunbaum, this condition is due to a congenital hyperplasia of the muscular coats of the arteries, and thus suprarenal extract should not have any effect upon it. However, W. THELWALL THOMAS (*Brit. Med. Jour.*, Nov. 23, 1901) says that he has used the drug most extensively with absolute results. The powdered extract is put on the bleeding surface and five grains given internally every four hours. It is advised that "bleeders" should be given this drug, that they may carry it with them on all occasions and that they apply it themselves whenever the emergency shall arise. The writer is of the opinion that, in spite of the pathology of the disease, the drug should have a larger and more complete trial.

Should Fever Be Treated, and How?—An analysis of speculative arguments as to the treatment of fever is presented by E. JENDRASSIK (*Revue de Méd.*, Nov. 10, 1901), who then proceeds to discuss the question clinically. Although those who oppose the treatment of fever maintain that mortality has not essentially changed since the introduction of antipyretics, statistics are not reliable and every clinical observer can recall cases of infectious fevers in which grave

conditions were distinctly ameliorated by antipyresis. Such cases are more numerous in pneumonia than in typhoid. Assuming that the chances of cure are not improved by the use of antipyretics, and that febrile diseases cannot be shortened by this means, Jendrassik remarks that it would be worth while still to remember the patient's comfort. The final issue of a case of pleurisy is not affected by suppressing the patient's cough, but pain is lessened. The author takes issue with those who decry the chemical antipyretics. He believes that baths are of precious tonic value in some cases, but that they cannot rival drugs as antipyretics. Chemical antipyretics are objected to on the ground that they lessen oxidation and hinder nutrition; but to diminish oxidation is to spare the patient's strength, while digestion certainly is not lessened by lowering a febrile temperature. Antipyrin does diminish the secretion and lessen the toxicity of the urine; nevertheless the augmentation of the cutaneous secretion and the eliminative power of the skin are entitled to consideration. The danger of collapse from the use of antipyretic drugs is constantly asserted; but few cases are reported, however. Jendrassik favors among antipyretic drugs, antipyrin, phenacetine, and in moderate fevers, aspirin. In grave fevers, especially in children, phenacetine is preferred; tolerance is easily acquired and may necessitate a change after a few days. The general indication for the use of antipyretics is the presence of a fever which the patient is bearing badly. In the case of very weak patients it may be wise to give a little alcohol or other stimulant at the moment when the drug begins to act.

Iodides and the Heart and Circulation.—When iodides are given for aneurism, arteriocapillary fibrosis and degenerative changes of the cardio-vascular system, no immediate action upon the circulation is observed as in the administration of nitrites, aconite and digitalis. Whatever curative effect they may exercise is brought about gradually and slowly, so that only after prolonged administration can any distinct improvement be seen in the morbid condition, say R. STOCKMAN and F. J. CHARTERIS (Brit. Med. Jour., Nov. 23, 1901). Rosenbach expresses the opinion that the iodides are of no value in the treatment of aneurism and that they are even hurtful in arteriosclerosis. As a rule, the pulse remains unchanged to the finger-tips after the administration of sodium or potassium iodide, both in rate and in force. In spite of this, text-books tell us that the iodides produce a depressing effect upon the circulation and blood-pressure. The writers believe that the laboratory results should not be taken too seriously, as they are deduced from observations lasting but two or three hours, whereas in disease one can study its effects for weeks and months. In conclusion the results obtained were as follows: Sodium and potassium iodide given by the mouth do not alter the dynamic conditions of the circulation. They neither weaken the heart directly nor dilate the arterioles. The therapeutic effects must be due to some other mode of action. It is sometimes observed, for instance, that iodides frequently quicken and weaken the pulse, especially in goiter. Sometimes their administration is followed by emaciation. There is good reason for believing that in neither case is this a direct effect, but is due to increased formation or alteration of the iodine-containing thyroid secretion which has a powerful action upon the circulation and on metabolism.

A New Treatment for Hay-Fever and Allied Nasal Affections.—Treatment in this condition has usually been directed toward a supposed pathological condition of the nasal mucosa or hypertrophy of the turbinate bones. More recently also remedies which af-

fect the vasomotor system have been largely used. E. FINK (Deut. med. Woch., Nov. 14, 1901) contends that these measures have only a temporary effect, as they do not take into consideration the true source of the irritation and the consequent discharges. His observations confirm those of Helmholtz and a few other observers that the secretions are derived not from the nasal cavity proper, but from the accessory sinuses, particularly, as he showed, from the antrum of Highmore. He therefore treats such cases by insufflation, introducing a proper catheter into the orifice at the center of the middle meatus and using aristol by preference. The improvement was marked in all cases, most after three applications, the more resistant ones after seven or eight. The characteristic symptoms lessen and the intervals between the attacks are prolonged. It is very important to supplement the local measures by treatment directed against the accompanying neurasthenia.

Treatment of Leucorrhea and of Gonorrheal Vaginitis.—P. CHAPPELLE (Journ. de Paris, Nov. 25, 1901) says that yeast in the treatment of chronic leucorrhea and vaginitis due to gonorrheal infection has recently been tried with considerable success. Dr. Landau of Berlin was the first to apply it locally by injection for troublesome vaginal secretions, and found that small quantities produced a rapid and complete arrest of the discharge after a few weeks. Murer in France has used it in the same manner in gonorrheal discharges from the vagina, and found yeast most effective in suppressing inflammation of the mucous membranes, which regained their normal color rapidly. In the gonorrhea of men, however, it was not uniformly successful. In leucorrhea and gonorrheal vaginitis there occurs a substitution of a morbid fermentation for a non-dangerous yeast fermentation, the yeast-cells (*saccharomyces cerevisie*), appear to devour the morbid germs, which set up inflammatory conditions. Pure ferments like yeast attract pathogenic germs, allow themselves to be penetrated by them and, once enveloped, destroy them by a true phagocytosis. The application of yeast itself in this connection is not convenient, owing to its keeping badly, its offensive smell and the difficulty of obtaining fresh supplies, as well as its inconvenient frothy nature, which makes it difficult to be retained when injected. This, however, can be overcome by using a pure desiccated form, known as cerevisine, which may be exhibited in the form of a pessary and placed in position on going to bed, or a paste made up with glycerite of starch, and retained with a tampon of absorbent cotton, or again applied by dipping absorbent cotton in a thin paste of cerevisine and water. The quantity for application is not important, as it is perfectly harmless, but from one to two teaspoonfuls can usually be introduced and retained in the vagina during the night, which will give more cleanly and comfortable results than injections of brewer's yeast during the day.

Effects of Electrical Currents and the Roentgen Rays on Bacteria.—After numerous experiments made with the direct, alternating, and Tesla currents, and also with the X-ray, the following conclusions as to their influence on bacterial growth are noted by F. R. ZERR (Jour. Amer. Med. Assoc., Nov. 30, 1901). The continuous electrical current alone has no bactericidal or antiseptic properties, but can destroy bacteria only by its physical effects, heat, or chemical effects, the production of a bactericidal substance by electrolysis. A magnetic field has no effect whatever. Alternating currents favor growth and pigment-production. Tesla currents, those of high potential and frequency, are only effective from the brush discharges by the pro-

duction of ozone. The Röntgen rays have no direct bactericidal properties.

Mercury and the Buccal Mucosa.—The condition known as mercurial stomatitis which sometimes appears early in the treatment of syphilis is, according to DR. SUBIRANO (Rev. Esp. de Sifilografía y Dermatología, Oct., 1901), a septic infection due to disturbance of the physiological equilibrium normally existing in the mouth between the saliva and lymphatics, on the one hand, and the bacteria upon the other. Mercury, through its elimination by the bucco-salivary glands, changes the chemical nature of the saliva and renders the mucosa a fitting soil for increased activity of bacteria. As the number of bacteria in the mouth depends largely upon the condition of the teeth, Dr. Subirano holds that the first duty of the physician to his luetic patient is to obtain the coöperation of his dentist before and during mercurial treatment in order that the mouth may be rendered as nearly as possible aseptic; lest the appearance of stomatitis, so common among those who neglect the mouth's hygiene, lead to the belief that mercurial saturation has been reached and to the too early withdrawal of the drug, thus imperiling the vital organs through the influence of the syphilitic virus.

Intra-Arachnoid Injections of Antiseptics.—The possibility of a new therapeutic agent for cerebro-spinal infections is suggested by the experiments of A. MARIOTTI (La Riforma Medica, Oct. 3, 1901) in the injection of antiseptic substances in dogs by lumbar puncture. The solutions used were carbolic acid, iodine, and corrosive sublimate in quantity sufficient to destroy micro-organisms without producing toxic effects in the subject treated, the amount being about equal to the hypodermic dose. Unfavorable symptoms were not observed in any of the dogs experimented upon, even after repeated injections. With the view of ascertaining how high the fluid was carried, a colored solution was injected and after two hours the dog was killed; examination showed that coloration extended as high as the fourth cervical vertebra. Other experimenters have reported coloration extending to the brain after lumbar injection.

Quinine as Styptic and Antiseptic.—Iodoform and its derivatives have so many objections that H. MARX (Centralbl. f. Chir., Nov. 9, 1901) has been induced to search for substitutes. Among these he tried quinine with very great satisfaction. He makes a solution containing hydrochlorate of quinine one, alcohol three, and distilled water to one hundred parts. The quinine may be increased to two or more per cent. As a styptic he finds that gauze soaked in one of the above solutions is without equal, especially in bleeding from the parenchyma of organs like the liver. As a disinfectant, he has tried it only upon infected wounds and sinuses. Here it is active, efficient and certain. He also has found the above solutions a convenient means of freeing the hands from infected matter during an operation. He is now experimenting with various processes for producing gauze impregnated with quinine in the same manner as we now impregnate it with iodoform. The results of these experiments he promises to publish at a near date.

SURGERY.

Some Experiences with Blood-Examinations in Surgery.—Some surgeons refuse to operate on a case in which hemoglobin is reduced below 40 per cent. J. B. DEEVER and E. K. MOORE (Phila. Med. Jour., Nov. 23, 1901) state that in the German Hospital of Philadelphia operations have been successfully carried out

for acute suppurative conditions or after acute or chronic hemorrhages notwithstanding the most extreme oligochromemia; several cases showing less than 20 per cent. of hemoglobin. The erythrocyte-count gives the surgeon an index of the powers of resistance of a patient as well as a guide on the severity of the infection. In appendicitis leucocyte-counts ranging from 10,000 to 17,000 cannot be relied upon to reflect the character of the local lesion, since this degree of increase may be found in mild catarrhal and in purulent cases. Counts of over 20,000 invariably indicate pus, gangrene or general peritonitis. In the differential diagnosis of appendicitis the leucocyte-count is of limited value, because ovarian abscess, pyosalpinx, renal abscess, hepatic abscess, gall-bladder empyema, and malignant disease of the cecum are all as a rule accompanied by leucocytosis. Acute gastritis and dysmenorrhea may or may not present a high leucocyte-count. In the diagnosis between appendicitis and uncomplicated typhoid, leucocytosis suggests the former. In carcinoma the blood changes are not pathognomonic. The recently-proposed theory that an increase in polymorphonuclear leucocytes shows the presence of pus without an absolute increase in leucocytes is not yet proven.

New Method for Sterilizing Catgut.—The following method is advised by C. A. BALL (Brit. Med. Jour., Nov. 16, 1901). Catgut up to No. 4 is rolled on glass reels and soaked for twenty-four hours in a 5-per-cent. solution of formalin; it is then thoroughly washed in cold water. It is next dropped into boiling water and left there for from five to ten minutes, according to the thickness of the gut. Finally, it is placed in the following solution: Mercury perchloride, 1 part; boiled glycerine, 250 parts; methylated spirit, 1,000 parts. The gut is then ready and receives no handling after sterilization until it is used. The glycerine and spirit dehydrate the gut and the former renders it pliable. The mercury perchloride impregnates the gut swollen by boiling with an antiseptic and hardens it sufficiently to prevent its twisting when moistened by the tissues during the process of stitching, a difficulty with gut dehydrated by alcohol alone. Catgut prepared in this way is undiminished in strength and keeps well; it is pliable and knots nicely; it is absorbable (No. 0 is absorbed in about six days); and, lastly, it is sterile.

Cholecystitis and Cholangitis Complicating Gall-Stones.—A contribution to the surgical pathology of this subject is made by D. N. EISENDRATH (Jour. Amer. Med. Assoc., Nov. 30, 1901), in discussing the case of a girl aged seventeen, who was operated on for gall-stones and purulent cholecystitis in which the colon bacilli were found in pure culture, and who died three days after the operation with symptoms of cholemia, whose liver showed evidence of a diffuse hepatitis and non-suppurative cholangitis, which undoubtedly disturbed the hepatic function to such an extent as to cause death. The question arises, Why should a patient die with symptoms of cholemia whose only complaint had been gall-stones complicated by a purulent cholecystitis? Although normal bile is sterile and a poor culture medium, it has been found that anything which interferes with the contractility of the gall-bladder musculature, the presence of a foreign body, or obstruction of the common duct, causes a marked increase in the number of micro-organisms in the biliary passages. Such infection is also known to be of prime importance in the formation of gall-stones. The latter often cause stagnation of bile, thus favoring the invasion of the liver parenchyma itself, usually by the colon or typhoid bacillus, and inducing necrosis. This results in paralyzing the ability of the liver-cells to get rid of bacteria and various toxins and also in reducing to

a minimum the formation of urea and allied products. The death of the patient in question was probably due therefore to an auto-intoxication, resulting from a lack of functional activity of the liver-cells and hepatargy would be a more suitable name than cholemia. The symptoms are mostly of a nervous character and greatly resemble uremia or diabetic coma. In every case of gall-stones an exact diagnosis must in addition be made of any complicating conditions. With pus present in the gall-bladder operative interference should be early and the prognosis guarded on account of the possible cholangitis.

Treatment of Piles by Injection of Carbolic Acid.—In applying this treatment attention should be paid to the variety of hemorrhoids, the strength of the solution, the amount used at each treatment. G. W. GAY (Boston Med. & Surg. Jour., Dec. 5, 1901) describes the carbolic treatment as palliative merely and as applicable only to internal piles. It is safe, not painful, can be done in the physician's office, requires no anesthetic, does not compel the patient to go to bed. Bleeding is controlled, protrusion prevented and the tumors so shrivelled up that for a long time they give no discomfort. External piles are made worse by this treatment. In treating piles which are above the internal sphincter or which will remain there when so placed, a 10 per cent. carbolic acid solution is used, the dilution being with glycerine and water. For a pile as large as a filbert, one minim of the solution will suffice; for larger ones two minims are required. An ordinary hypodermic needle is used.

Early Diagnosis of Hip-Joint Disease.—Diminished abduction is universally recognized as a diagnostic point in advanced stages of hip-joint disease. It is maintained by J. A. BECHER (Berl. kl. Woch., Nov. 25, 1901) that this same test can be utilized advantageously in the diagnosis of the early stages of the disease, long before palpation reveals changes in the joint and before any deformity whatever in the trochanteric region can be demonstrated. This symptom is of value in the differential diagnosis of arthritis deformans coxa, and sciatica. The patient is asked to spread his legs as far apart as possible, when it becomes evident at once that on the healthy side there is a sharper angle between the extremity and the trunk than exists on the opposite side.

Umbilical Hernia.—A new procedure for the radical cure of umbilical hernia is proposed by H. B. DELATOUR (Brooklyn Med. Jour., Dec., 1901) which may be briefly described as follows: An elliptical incision is made about the base of the tumor through the skin and subcutaneous tissues, and the sac freed from the ring. A median incision is made in the abdominal wall about one inch below the edge of the ring and the peritoneum opened. The finger is introduced and swept around the ring within the abdomen, and all adhesions broken up. The incision is carried up on either side of the fibrous ring to a point in the median line an inch or so above the upper limit of the ring. This removes the sac unopened. The hardened neck may then be incised and the contents examined. The omentum and intestines can be treated as required. The abdominal wound should be closed as follows: The peritoneum and the posterior sheath of the rectus should be sewn with a continuous catgut suture, next the edges of the rectus, then the anterior sheath with chromic gut and the skin with subcuticular suture of silk. These advantages are claimed: (1) A saving of time and minimum handling of tissues; (2) it takes away from the abdominal cavity the contents of the sac until they have been inspected so that gangrenous intestines or omentum are not necessarily handled; (3) it gives firm clos-

ure of the wound with proper approximation of the layers.

Compound Fracture of Both Jaws.—This rare occurrence is described by H. WRIGHTON (Lancet, Oct. 26, 1901). The injury was received in a coasting accident on a bicycle, by being thrown against a stone pillar. Although there was no external wound, the lower jaw was found to be broken near the symphysis and part of the alveolar margin with three teeth was detached. There was likewise a fracture in the upper jaw on each side in the region of the canine teeth, but without much displacement or deformity. The whole premaxillary bone could be easily moved about. The primary, temporary treatment was with wire splints fixed on the outside with a poroplastic splint fitted to the chin and fastened with a four-tail bandage. The next day a dentist made a mould for both jaws by means of which all the teeth were brought into line and held there. The outer dressing was then replaced. A dilute solution of permanganate of potash kept the mouth clean. Fluid diet was administered through the nasal tube. After a short time drinking through the mouth was permitted. After five weeks the cure was found complete except the broken alveolar margin, which had to be removed. At the present time the patient can eat all kinds of food and has no deformity.

Pelvic Suppuration.—The appearance of pus in the pelvis is always serious. From the nature of anatomical arrangement of the genito-urinary tract, it is more common in the female than in the male. J. L. FAURE (La Gynecol., Oct. 15, 1901) gives the following headings for its medical treatment. The basis is absolute rest in bed, begun as soon as the active symptoms appear and continued until they disappear. It is surprising how much can be accomplished by this means alone. Very hot vaginal irrigations are the next most important therapeutic measure. They act by quieting the congestion of the uterus and its adnexa, and by promoting a resorption of the exudates. An antiseptic, such as the bichloride of mercury, may be added with the sole purpose of keeping the vagina perfectly clean. It is, of course, impossible for such medicament to reach the cavity of the uterus or the adjoining tissues. Rectal irrigations of hot water may be considered more efficacious than the vaginal injections, because with the necessary precautions they come into nearer relation with the tubes, ovaries, and broad ligaments than they. A double-current rectal tube is essential for their successful use. The temperature must be as high as can possibly be borne. After the acute symptoms have by these means subsided, gynecological massage must be tried. In order to be adequate this must be carried out regularly and thoroughly. Mineral waters and thermal baths are not to be forgotten. The other systemic means of supporting the patient are too familiar to need mention. These measures, with the addition of opium suppositories, mustard plasters and ice upon the lower half of the abdomen, will control or cure a very great number of cases, and prevent surgical treatment, which, after all, should be the last resort.

Congenital Dislocation of the Hip.—Much attention has recently been given in the European press to this subject. DR. JOACHIMSTAL (Arch. f. klin. Chir., 1901, B. 65, H. 1) gives the following points in the pathology of this condition. The acetabulum is smaller and flatter than normal, as a rule, but occasionally deeper and almost conical. Instead of its normal shape, it may be practically a pyramid of three sides. Its actual diameters are not, however, much reduced. Its deepest part is thicker than normal and the bone is filled with holes for nutrient vessels. The pelvis as a whole near the acetabulum is considerably thickened. The ilium

shows just above it, in most subjects, the socket of the false joint created by the pressure of the femoral head. Below the anterior inferior spine is a very deep notch, which accommodates the ileopsoas muscle as it passes upward to reach the lesser trochanter in its new position. The ilium is also directed more to the front, probably through pressure by the dislocated femur. The pubic angle is smaller. The tuberosities of the ischia are everted. The foramen obturatorium is smaller. The rami of the pubis and ischium are changed in direction. On account of the tilting of the pelvis downward on the side of the dislocation, there is a compensating scoliosis in the lumbar vertebrae. There are similarly-profound changes in the thigh bone. The head is either pointed or flat; the neck is shorter and more nearly at a right angle with the shaft. The upper extremity is twisted backward on the axis of the shaft, so that it presents a peculiar comparison with the normal side. Notwithstanding these profound changes in the old cases, he finds that in the recent cases, namely, children five years old or younger, treatment produces marked improvement. This consists in general anesthesia, fixation of the pelvis by an assistant, steady traction downward, usually with the aid of apparatus for ten minutes to overtire the muscles. Flexion and abduction are then carried out to such an angle that the head is felt or heard to snap back into the acetabulum. Pressure by an assistant upon the great trochanter is a valuable aid at this point. The angle to which flexion and abduction must be carried is usually about ninety degrees. Rotation inward or outward is often not necessary. After the head has slipped into place, the limb is held in the position at which this occurred and a plaster-of-Paris bandage is applied enveloping the whole of the thigh, the pelvis and the trunk just above it. While this is drying, pressure is made over the great trochanter to provide against recurrence of the dislocation. When the splints have hardened the relations within the joint are made out with the X-ray. This fixation dressing is kept on for three months or more. Then it is taken off and the patient allowed to get up on crutches. As he goes about the weight of the limb gradually restores it to its normal position, and then, with the aid of massage and passive and active motion, the child emerges with a hip that is almost normal in appearance and perfectly so in function.

MEDICINE.

Cryoscopy of the Blood for Prognosis.—Of late this procedure has come into vogue upon the Continent. Van t'Hoff and Raoult pointed out that fluids freeze at a lower point in proportion to the quantities they contain of impurities dissolved in them. Korányi, applying the law to blood and urine, showed that normal blood possesses a fixed freezing point of 0.56° C. below that of distilled water which forms the zero of that thermometrical scale. From this point it does not vary more than by one-hundredth of a degree up or down. Various German and French writers have applied Korányi's observations to the study of abnormal blood. According to ALEXANDER OGSTON (*Lancet*, Nov. 9, 1901) their conclusions may be thus briefly stated. So long as the blood is healthy and has its effete constituents adequately eliminated, it retains its normal freezing-point, viz., 0.56° C., or varying between 55° – 57° C.; but if the elimination becomes defective, the freezing-point sinks to 0.58° – 0.60° C. or even in one case of Kümmell's to 0.71° C. Beckmann has devised an apparatus for determining the freezing-point of blood and other secretions. It consists of a large test-tube set into a vessel containing ice and salt. Through a perforated cork placed in the mouth of the first test-

tube, a second and smaller test-tube is inserted. This leaves an air space between the two tubes. The fluid to be frozen is put in the inner tube. A special thermometer is used which has as zero the freezing-point of distilled water. The freezing-point of the blood is to be determined by specialized manipulations with this thermometer. A case of fibrosarcoma of the kidney showed a rise in freezing-point. One case of cancer of the cecum showed a rise of $.07$ of a degree. The blood of a patient with an old empyema showed a fall of $.01$. Another with cystitis had a lowered freezing-point of $.05$. Phlegmasia dolens gave a drop of $.03$.

Spasmodic Bronchostenosis.—This affection is practically nought else but asthma without paroxysms and is caused by a tonic contraction of the muscular walls of the bronchi. As in true nervous asthma, a nervous element is the most prominent feature of bronchial spasm, other changes being either secondary or absent. A. ABRAMS (*Med. Rec.*, Dec. 7, 1901) says that in bronchospasm, associated with bronchitis, as it usually is, we have all the symptoms of the latter plus a spasmodic cough which is exceedingly distressing and usually resists ordinary treatment. Sonorous expiratory râles with prolonged and accentuated expiration characterize this condition. Expectoration always signifying a suspension of the bronchial spasm. Amyl nitrite may be used in diagnosis, for it will always temporarily relieve such a spasm of the bronchi. Climatic changes are almost as essential as in ordinary asthma, but the iodide of potassium is frequently found to be a most effective remedy. A useful prescription is:

R	Iodide potass.....	3v
	Tinct lobelia.....	3x
	Sp. glonoini.....	℥xvj
	Elix. bromidi potass.....	3iv

M. et. Sig. One teaspoonful three times a day, after meals.

Splenic Anemia with Ascites (Banti's Disease).—A form of disease characterized by anemia, marked enlargement of the spleen and later cirrhosis of the liver with ascites, was first described in 1894 by Banti. H. SENATOR (*Berl. klin. Woch.*, Nov. 18, 1901), in analyzing a series of cases corresponding to those reported by Banti, shows that the stage of splenomegaly and anemia lasts for three or more years, in some instances having a duration of eleven years. Ascites then gradually supervenes, the symptoms of anemia meantime becoming aggravated. The stage of ascites terminates fatally after from five to seven months. Earlier writers regarded cases which were seen for the first time in the stage of ascites as hepatic cirrhosis; but the clinical forms never fully corresponded to any of the known varieties of cirrhosis of the liver, being always distinguished by extraordinary splenic enlargement and by hemorrhagic tendency. Senator maintains that the clinical course of Banti's disease is such that the splenomegaly cannot be attributed to portal obstruction. He is unable to prove that the disease is of infectious origin after careful search for a cause. The theory of infection from the intestinal canal is supported by the frequency of a preliminary history of diarrhea and other intestinal disturbance. The possibility that the ascites in these cases may sometimes be due to factors other than hepatic cirrhosis is suggested by the disappearance of this symptom in a case which Senator employed good nourishment, iron and arsenic; the splenic tumor and the anemia remained. The hemorrhagic tendency and especially the liability to hematemesis have been insufficiently emphasized by previous writers. Icterus is an inconstant symptom, even in advanced cases. Urinalysis fails to show any marked abnormality; the urine

contains no bilirubin or urobilin; albumin is rarely present. The blood characteristics are as follows: A variable diminution of erythrocytes, a relatively great loss of hemoglobin (low color-index), an absolute and relative loss of leucocytes without any change in the proportions of the different types of white blood-cells. A mild grade of fever is oftener absent than present. The first stage of Banti's disease cannot be distinguished from simple splenic anemia. The most recent report on the extirpation of the spleen in the cases is that of Maragliano, who reports nine recoveries out of eleven operations, the two remaining cases having been lost through uncontrollable hemorrhage. Aside from splenectomy treatment is limited to iron and arsenic, hygiene and diet.

Enterospasm.—Through a series of investigations in the intestinal neuroses and through observation of clinical cases, **ABORTI** (*Rendiconti della Associazione Medico-Chirurgica di Parma*, Nov., 1901), has collected the following data concerning the comparatively unknown and frequently unrecognized condition of enterospasm. This is understood to be a spastic state of the intestine, due to simultaneous contraction of the longitudinal and circular fibers. The condition may be caused (1) by anything intrinsic or extrinsic, which excites the peripheral nerves of the intestine; as inflammations, ulcerations, or irritation from other organs whose sympathetic ganglia are connected with the intestines; (2) by anything exciting the nerves which govern intestinal movements, or paralyzing the inhibitory nerves; (3) or it may be the manifestation of a general neurosis; hence hysteria and neurasthenia are common causes of the affection. The spasm may be general, although rarely so in the nervous form, or limited to one or two points; the colon being the most frequent site. In the first case, we have the characteristic retraction of the abdomen in boat-shape; in the latter, the abdomen assumes an irregular outline due to tumors corresponding to intestinal dilation above the site of the spasm. The principal symptoms are (1) obstinate constipation with consequent loss of appetite and weakness; (2) slight abdominal pain located about the umbilicus, if the colon is the site of the spasm; (3) borborygmus; (4) tympanites; (5) tumefaction of the abdomen; and (6) more or less characteristic feces, the stools being small, usually cylindrical, and sometimes as narrow as a pencil. The prognosis depends upon the degree of spasmodic contraction and the possibility of removing its cause. The condition may persist, causing such changes in the tissues as to constitute a veritable stricture; or may disappear in a moment, as in hysterical cases. That occlusion of purely nervous origin occurs is proven by the cases which come to operation, in which no lesion can be discovered. The diagnosis is to be made from the symptoms mentioned, but above all by the careful analysis of the patient's general and nervous condition. In the case of rectal spasm the diagnosis must rest largely upon the last named considerations, and upon the effect of treatment. Massage, faradization, and drastic purges all increase the spasm. The main reliance in treatment is to be placed upon care of the general health, and such remedies as bromides, belladonna, and even opium if necessary.

Supra-Orbital Reflex in Facial Paralysis.—A reflex recently described by D. J. McCarthy consists of a distinct, but slight contraction of the orbicularis palpebrarum when the supra-orbital nerve, or occasionally one of its branches, is struck a slight blow. McCarthy regards this reflex as a demonstration of the sensori-motor mechanism of reflex action, inasmuch as irritation of a purely sensory nerve produces contraction in a muscle not immediately in relation with it, and sup-

plied by a purely motor nerve. From a study of this reflex in cases of unilateral facial paralysis, J. SAILER (*Phila. Med. Jour.*, Nov. 23, 1901) concludes that it is a true sensori-motor reflex. Contraction as a result of direct irritation of fibers of the orbicularis extending above the eyebrow can be excluded. Irritation of the supra-orbital nerve of one side may produce contraction of the muscles of the opposite side. In some cases the reflex manifestation may extend to other muscles which are situated a considerable distance from the supra-orbital nerve.

PATHOLOGY AND BACTERIOLOGY.

The Cause of Cancer.—Unmistakable proof of the presence of parasites as a cause of malignant disease is by no means at hand and we are still groping about, but undoubtedly nearer the light which is sure to come from future investigation. G. R. WILSON (*Med. Times*, Nov., 1901) reviews the experimental work upon this subject. As long as 1840 Langenbeck injected a dog with carcinomatous tissue and the dog subsequently developed carcinoma. Numerous similar experiments have since been made, but much of the work has been discredited. The bodies called parasites are generally found in the epithelial cells, especially in the protoplasm about the nucleus. They are spherical, frequently seeming to be surrounded by a double capsule. The opponents of the parasitic theory say that no one has yet been able to grow them outside of this environment. When injected alone they do not reproduce themselves in that animal. McFarland believes that these bodies are simply digested leucocytes, the result of hyaline degeneration, or vacuoles. Even if these parasites are present, are they really the cause of cancer? Cancer probably cannot be transmitted from one person to another. It is a non-inflammatory disease, while all known infectious diseases, except malaria, are inflammatory. The study of experimental teratology, the subject of malformations in the fetus and child, may some day be able to furnish valuable information.

A Modification of Neisser's Test for Diphtheria Bacilli.—Since the beginning of this year, in Cambridge and Colchester, England, over 2,400 tests for the Klebs-Loeffer bacillus have been made from cultures taken from the throats of persons suffering from diphtheria and from the mouths of those who have been in contact with such cases. In all of these cases the following modification of Neisser's stain has been employed at the recommendation of L. CORBETT (*Lancet*, Nov. 23, 1891). One drop of 5-per-cent. acetic acid is applied to the edge of a cover-slip preparation and drawn under it by means of a piece of filter paper held at the opposite side. The preparation is previously stained with a dilute solution of methylene blue. If the bacilli are watched while the acid is entering under the cover-slip, one sees first a current of fluid sweeping up the loose bacilli and hurrying them away. A blue cloud next appears and blots out everything for a second and passes on. Then once again the field is bright and clear, and the diphtheria bacilli, if such they are, show the characteristic polar bodies if stained in the way Neisser recommended—only the bodies of the bacilli are not brown, but pale blue. Hoffman's bacilli have a fairly-characteristic appearance when treated in this way. They do not so easily decolorize as the diphtheria bacillus and at about the middle of each half some blue remains. With the diphtheria bacilli the change is instantaneous, and the picture revealed is often not inferior to that of a Neisser specimen stained in the usual way. Neisser's stain fails to show the polar bodies in a small proportion of true bacilli; and it shows minute and doubtful ones in a few of Hoffman's pseudodiphtheria bacilli.

Agglutination Reaction in Different Grades of Infection.—Although five years have elapsed since Widal first published his method for the serum diagnosis of typhoid fever many points in the application of this method still remain obscure. While it is generally admitted that the reaction is one of the factors concerned in the resistance of the body to infection, it has not been definitely determined whether the intensity of the reaction corresponds closely to the ability of the body to resist infection. S. J. GOLDBERG (Ctblt. f. Bak., Nov. 7, 1901) has taken up this question experimentally. The micro-organisms employed in his work were the *b. pyocyaneus* and the *b. typhosus*. In different series of experiments rabbits and guinea pigs were inoculated with fatal and non-fatal doses of these organisms or their toxins. The serum of these animals was then after varying periods of time tested for its agglutinating power. In order to control the results the serum of the animals used was tested previous to the inoculation for its normal agglutinating power. His work shows that in fatal infections the agglutination reaction remains the same as before the infections. In non-fatal infections the agglutinating power of the blood is increased over the normal. Different animals, however, inoculated with the same dose of bacteria or toxins do not show an equal increase of agglutinating power. With increasing infection the agglutinating power of the serum gradually increases until a maximum is reached; it then gradually subsides to the normal. In typhoid and pyocyaneus infections the degree of agglutinating power is not proportional to the degree of immunity produced. Agglutination is to be considered as a protective reaction of the organism against infection.

Diazo-Reaction in Malaria.—Much has been written concerning the presence of the so-called diazo-reaction of the urine in various forms of malaria and its value as a means of diagnosis between this disease and typhoid fever. In this connection the recent observations of J. BRAULT (Comptes Soc. Biol., Nov. 8, 1901) are of interest. He studied the disease during the recent epidemic in Algiers. In judging the results of the reaction not only was notice taken of the color of the body of the liquid, but especial attention was given to the coloration of the foam produced by violent agitation. He reports seventy examinations of forty-four consecutive cases. The observations were made both before and after the crisis of the disease. Of these examinations forty-seven gave negative results, fifteen were doubtful, seven were slightly positive, and one gave a reaction of fair intensity. He believes that this method rarely fails to give a differentiation between malaria and typhoid and is of value when bacteriological methods are inaccessible or fail.

Staphylococcus Pyemia.—Much confusion has existed in the conception of the various forms of local and general infection produced by the staphylococcus. G. MUSCATELO and J. OTTAVIANO (Virchow's Archiv, B. 166, H. 2) have taken up this subject and worked it out along experimental lines. The chief forms under which a general infection produced by the staphylococcus can appear, toxemia, toxemia with bacteriemia and pyemia, are intimately related with each other. The predominance of one or the other of these forms in general infection depends upon the grade and species of virulence of the infecting organism, the existence or non-existence of local predisposing conditions, the absorbing power of the affected region of the body, and the general or local natural immunity of the infected individual. In all forms of general infection produced by this micro-organism intoxication is the original and constant effect produced. It is the primary cause of

the changes produced in the various organs and prepares the tissues for metastatic bacterial localization. The primary changes in the organs by this intoxication lower the natural degree of immunity and produce abnormal local physical conditions which favor the formation of metastases. For the production of staphylococcus pyemia are necessary intense intoxication, localities of diminished resistance and the introduction of numerous cocci into the blood. The distribution of the metastatic formations stands in direct relation to the local physical conditions of diminished resistance.

Origin of Blood Platelets.—Much speculation has been indulged in with respect to the origin of the so-called blood platelets. HANS HIRSCHFELD (Virchow's Archiv, B. 166, H. 2) has made an extensive histological study of the blood in order to ascertain the origin of these bodies. He employed Ehrlich's method, all the blood-smears being fixed by heat at 110° C. for five minutes. The blood plates undoubtedly arise from the red blood-cells, but only a limited number of these cells give rise to the formation of such plates. They are formed in the interior of the erythrocytes where they exist as endoglobular bodies. Several plates may be present in a single cell. They generally leave the cell through a single opening in the cell membrane. Occasionally several such openings are present. Similar plates may arise from the leucocytes, but this rarely occurs under normal conditions. It is, however, of frequent occurrence in leucemia.

Blood-Examinations in Malaria.—It is a common impression that in malaria the examination of the blood for the presence of the parasite is uniformly attended by successful results. Those who have had much experience in this work, however, well know that such is not the case. In this connection the results obtained by J. BRAULT (Comptes Soc. Biol., Nov. 8, 1901) in the examination of malarial blood are of interest. He stained his smears with eosin (1 to 1,000) and Borrel blue. Of thirty-five cases examined only sixteen gave positive results. Crescents were found once, crescents and amoeboid bodies once and the spherical bodies fourteen times. All of the pernicious cases gave positive results. Of six quotidian cases three gave positive results. In only one out of five tertian cases was the parasite found. Chronic cases with a relapse never gave positive results. In discussing the results obtained by this observer, M. Laveran drew attention to the marked difference between these results and those obtained by other investigators and called into question the technique employed by Brault.

Infectious Nephritis of Pyelonephritic Origin.—Infectious nephritis produced by the ascent of micro-organisms from the urinary passages is of interest not only on account of the kidney lesions produced, but also because of the liability of a general infection arising therefrom. OTTO BRUCAUFF (Virchow's Archiv, B. 166, H. 2) has recently examined sixteen cases of this disease. In the vast majority of cases staphylococci or colon bacilli are the causative agents. The lesions produced by these organisms are not capable of sharp differentiation. In five of the cases examined regenerative changes in certain of the kidney abscesses were in progress. In these regenerating areas the infecting bacteria could be demonstrated by microscopical examination. They were incapable, however, of artificial cultivation and hence had perished. It is impossible to say whether the tubules of the kidney are ever reformed as the result of the regenerative process. It is uncertain whether the results of these observations can be applied to kidney abscesses produced by the hematogenic properties of the staphylococcus or bacillus coli communis.

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THE MEDICAL NEWS FOR 1902.

THE ideal medical journal is one that stimulates a man to put forth his best efforts in behalf of his patients, his profession and himself. It is one that gives him food for thought, one that contains news, facts and well-digested ideas, presented in the most practical and useful form, printed in the cleanest and simplest way.

The editor and publisher of the *MEDICAL NEWS* have aimed to produce the ideal weekly journal for the modern man of medicine. Only the original articles of men of authority and experience are accepted. It contains all the news of the medical week, not the news of gossip but the news of discovery, achievement and progress. The minor details of journal-making have been carefully studied, the choice of type, the width of margin, the quality of paper, the size of column and the grouping of subjects. The reader of the *MEDICAL NEWS* is freed from the weariness that comes from the use of fine type on thin paper, or the irritation of holding open a journal that persistently reverts to the folds of the mail, the friction that arises from looking up journal references with inconspicuous dates and poor indices.

The form in which we present this week's

issue is that adopted for the coming year. By an increase of eight pages and a rearrangement of typography, space is provided for fully fifty per cent. more matter, and through judicious editorial management the exertion required of our readers will be so minimized that they may almost at a glance acquaint themselves with the best that is current in the medicine of to-day throughout the entire world.

We have planned for the coming year a series of papers in groups forming symposia on certain diseases. By concentrating in a single issue the discussion of a certain disease and presenting it from its many sides, we shall bring together the freshest experiences of the men most competent to handle the subject. The series of historical sketches of our principal medical schools will be continued, our correspondents in foreign medical centers will keep our readers thoroughly posted on European interests and the reports of home societies will be complete and recent.

The *MEDICAL NEWS* enters its sixtieth year with larger and fuller powers to maintain its allegiance to the aims and ideals of medicine and of the American medical profession.

REFORM.

THE medical profession of the city of New York has grown a trifle pessimistic on the question of the public care of the public health. It has become so accustomed to the presence of private greed and corruption in the distribution of city offices that the announcement of appointments made by the Mayor-Elect of able, scientific, and distinguished men as heads of the Departments of Health, Street Cleaning and Charities comes as an earnest of a new era of moral and material cleanliness.

We most heartily commend the good sense shown by Mr. Low; for he has surpassed even the fondest hopes of the profession. It was for a moment something of a disappointment to learn that a layman, although a man of science, and one unusually well fitted to cope with general sanitary problems, was to fill the very practical position of Health Commissioner, but, when Mr. Low announced that the Department was to be reorganized with Dr. Hermann M. Biggs in charge of the medical work, feelings of regret gave way to those of satisfaction at this eminently satisfactory arrangement.

The appointment of Dr. Biggs in connection with Dr. Lederle, shows that Mr. Low has appreciated as fully as the physicians of the city

the necessity of submitting all matters pertaining to the prevention of disease to a practising physician.

The city is still under further obligation to its new chief executive officer for his appointment of Dr. John McGaw Woodbury as Street-Cleaning Commissioner. Dr. Woodbury has shown great executive ability in a large practical experience in superintending the cleaning of camps and cities during the past Spanish campaign. Moreover, he has made a wide and deep study of sanitary methods and, being a physician, we can look for more than the much-needed but unusual coöperation between the Departments of Health and of Street Cleaning.

The profession of New York can now anticipate a comprehensive effort looking to a better condition of health in this community. With a united Health and Street-Cleaning Department, a competent and able Charities Commissioner and the strong probability of excellent nominees on the new board of Trustees of Bellevue Hospital, our ideal of perfection seems about to be realized.

VENEREAL DISEASE AND PUBLIC HEALTH.

As we begin the new century the watchword is the prevention of disease. Up to the present time, by a curious apparent contradiction, it has been mainly the medical profession who have been actively interested in the prevention of disease. Their livelihood depends on the treatment of disease, but they have devoted themselves to lessening their own pecuniary opportunities. Now, however, at length, philanthropists of all classes, have come to realize how much human happiness is bound up with the health of the human race.

Only one class of diseases has been kept beyond the pale of philanthropic advance. Poor sufferers from venereal disease are supposed to be outside the circle of those who deserve help, and the whole question of the correction of the evils, physical as well as moral, that result from venereal disease has been thrown upon the medical profession.

The report of the Committee of Seven appointed by the New York County Medical Society to investigate these evils, which we publish in full in this issue, shows how well the medical profession has realized its duty in this matter and how temperately helpful their suggestions may prove if followed in the true humanitarian spirit in which they are made.

While we are arousing the public to protect itself against consumption and the infectious diseases generally; while an expensive campaign is rightly waged against smallpox, and children are at last being rationally guarded from the ordinary diseases of childhood, it must not be forgotten that we have always with us disease enemies that are much more serious in their ravages than any of these.

This the public refuses to realize. The present report can accomplish no greater good than by bringing the subject of venereal diseases and their consequences into prominence and thus serving to dispel some of the obscurity in which it is deliberately allowed to remain. We have reached a stage of culture beyond that in which ignorance is reckoned as innocence. Assumed ignorance is never more than hypocrisy and the fabled ostrich seeking to hide by covering up its own eyes represents the height of good sense compared to the people who will not see the evils of venereal disease all about them. What an awful sensation it would make if it were reported that over 100,000 cases of a particular class of contagious disease occurred in New York City and were not mentioned in the Health Reports! Yet this is literally what happens with regard to the most contagious of diseases.

The time is ripe for the practical effort to be made to change this state of affairs. The new authorities of the municipal health board should at once accept some of the suggestions that the Committee makes. The gradual adoption of others will only be a matter of time, for the benefits to be reaped from this new departure in municipal health matters will soon be realized.

The Report can be commended to health authorities throughout the country as the conservative, thoughtful conclusions of men who, not only know conditions as they are, but have given fruitful study to the solution of the problem of amelioration of the present unfortunate state of affairs.

THE NEW YORK MEDICAL SOCIETY.

We are glad to be able to present to our readers this week the inaugural address of the new president of the Medical Society of the County of New York. Dr. Van Fleet may well be pardoned if he finds much to be proud of in the ninety-six years' existence of the Society.

As a matter of fact, however, he has been rather modest than overenthusiastic with regard to what the New York County Medical Society

has accomplished. That Society constitutes the main element of the State Society. Strange as it may appear, the panegyric of that body was heard from the lips of the last retiring president of the American Medical Association at the St. Paul meeting in June. Dr. Reed said in his presidential address, as reported in the *MEDICAL NEWS*, June 8, 1901:

"To-day there are forty-eight State or Territorial licensing boards, most of them composed of representatives of both the regular and the sectarian schools of practice. The laws of the different States are of varying efficiency. The one procured by the Medical Society of the State of New York, at the price of yet maintained excommunication from this body stands to-day as the model of excellence for the entire country."

The opprobrious excommunication for the time being of the entire profession of the great Empire State, Dr. Reed found most extraordinary, and all the more so as similar action was never taken with regard to a number of States that by overt act, if not by open declaration, had taken an equally non-conformist position. These are stronger expressions than any that Dr. Van Fleet uses, and they come with all the additional force of formal official opinions.

It is evident, then, since at last there has come to both parties the realization of the misconception that caused disunion, that we may look for a speedy reconciliation. The Medical Society of the State of New York deserves the most respectful consideration if it shows its willingness to enter the fold of the National Association from which, by an unfortunate misunderstanding rather than any clash of principles, it has been so long excluded.

Let us hope that the present movement toward reunion will result in the obliteration of a feud for which there has never been sufficient reason and that now in the course of time has become merely a heritage whose significance it is hard to realize fully, so obscured has the tradition of its origin become.

THE PATHOLOGICAL INSTITUTE.

THE clouds of disagreement regarding the director of the New York Pathological Institute for the Insane have finally rolled away and the State Lunacy Commission announce the appointment of Dr. Adolf Meyer as Director.

We heartily commend this action and feel that a man has been found who will be able to carry out the ideal program planned for this work by

the founders of the Pathological Institute; and we confidently hope that American psychiatry will be enriched by the efforts of the Empire State.

ECHOES AND NEWS.

NEW YORK.

Appointment of Dr. Weyman.—Dr. M. B. Weyman, of New York City, has been appointed first assistant physician at the Manhattan State Hospital, at a salary of \$2,000.

Columbia University Appointments.—It is reported that Dr. William K. Draper (P. & S., 1888) is to be appointed instructor in medicine at Bellevue Hospital for the medical faculty of the College of Physicians and Surgeons, and that Dr. A. M. Shrady (P. & S., 1893) is to obtain the position of instructor in physical diagnosis made vacant by the appointment of Dr. Draper.

New York County Medical Society.—A stated meeting will be held Monday, December 23d, with the following interesting program: Papers by Dr. Joel E. Goldthwait of Boston on Osteomyelitis, Dr. R. Taylor of Baltimore on Its Clinical Aspect, Symptoms and Differential Diagnosis; Dr. H. A. Wilson of Philadelphia on Tuberculous, Rheumatic and Other Affections of Joints; Dr. A. M. Phelps of New York on The Mechanical and Operative Treatment of Such Joints.

Eastern Medical Society.—The Eastern Medical Society of New York City held its annual meeting December 14th. The following officers were elected for the ensuing year: President, Dr. A. Abrahams; First Vice-President, Dr. Joseph Barsky; Second Vice-President, Dr. E. K. Brown; Secretary, Dr. Maurice Fishberg; Treasurer, Dr. B. Gordon; Chairman of Ways and Means Committee, Dr. A. Hymanson; Chairman of Committee on Ethics, Dr. A. A. Himovitch; Trustees, Drs. A. Brothers and William S. Gottheil.

Columbia Registration.—The annual catalogue of Columbia University, which will be out next week, will show a registration of over 5,000 for the first time in the history of the college, exclusive of the 838 pupils in the experimental schools in Teachers' College. The total is 5,041 officers and students. Of this total over 800 are in the Medical Department.

Manhattan Dermatological Society.—On Friday evening, December 6th, the Manhattan Dermatological Society held a meeting at the rooms of the Medical Society of the Borough of The Bronx. The meeting was called to order by Dr. Wm. T. Gottheil.

Dr. E. S. Cocks showed a girl with *favus of the forearm*. This region showed a typical patch and the microscope corroborated the diagnosis.

Dr. Kinch presented a *mouse with favus of the ears, forehead and back*. Its occurrence in domestic animals and the transmission to human beings was discussed at length. In answer to several questions, Dr. L. Weiss gave the differential diagnosis between *favus* and ring-worm.

Dr. Gottheil presented a classical case of *favus capitis*, showing the affection in its various stages and the results of the destructive process. Dr. E. L. Cocks said that in the treatment of *favus* attention must be given to exclusion and separation of the patients, to epilation, and antiparasitics. Dr. Abrahams lauded

carbolic acid and Dr. J. Sobel had seen good results from formalin, properly diluted and carefully applied.

Dr. R. Abrahams showed a woman with *syphilitic* ulcerations of both legs, the result of broken down gummata. Antisyphilitic treatment caused marked improvement. The treatment of ulcerations in general was given by Drs. Abrahams, Kinch and Sobel.

Dr. Oberndorfer presented a case of *confluent psoriasis* and another of *seborrheal eczema*. The points of distinction were carefully considered.

Dr. J. Sobel presented a case of *erythema multiforme* involving the face, trunk and arms. Abdominal pain preceded the outbreak. Dr. L. Weiss showed a case of *lues* with a precocious tertiary stage and a case of *lichen planus*. Dr. Gottheil presented for Dr. Pisko a typical case of *lichen planus*. Dr. B. Ochs presented a man with *lupus erythematosus* on the right side of the face and scalp. Dr. Gottheil showed a case of *aggravated scabies*. Dr. Geyser presented two cases of *lupus vulgaris*, one of which was cured by the X-ray, the other being under treatment. Dr. Gottheil showed a case of *urticaria vesiculosa*. The uses and advantages of ichthyol in dermatology were discussed by Drs. Weiss, Abrahams and Sobel.

Member of Lunacy Commission.—It is said that Governor Odell has asked Mr. Daniel M. Lockwood to accept an appointment as the legal member of the State Commission in Lunacy, to fill the vacancy caused on July 1st last, by the resignation of William Church Osborne of New York City.

New York County Medical Association.—At the December meeting of the Association, held on Monday evening last, two matters of general interest were decided at the executive session. The question of medical reunion in New York State, as brought up by the appointment of a committee of the Medical Society of the County of New York, was treated in a report from the Executive Committee and the question of association medical defense in suits for alleged malpractice was taken up in a practical way.

The Executive Committee reported the receipt of an invitation for the appointment of a committee to confer with a similar committee from the Medical Society of the County of New York with a view to bringing the present discussion in the New York profession to an end. As the New York County Medical Association is entirely dependent on the New York State Medical Association, it cannot act in the matter. The Executive Committee suggests that the New York Medical Society present to the State Society the advisability of appointing a committee to confer with a similar committee from the State Association. The New York County Medical Association is eminently desirous of medical harmony and will use its influence with the State Association for the accomplishment of union. This report was adopted by the Association.

The Committee on Medical Defense reported that they had arranged the details of the method by which the New York County Medical Association can assume the legal defense of members for alleged malpractice. This will consist only in an extension of the legal arrangements by which violators of the laws for the regulation of medical matters are brought to justice. The fixed sum of \$1,500 per year is to be paid to the Medical Association counsel and he is to assume the defense of members in all suits as far as the Court of Appeals. On motion this scheme of medical defence as outlined by the Committee was adopted provisionally until the New York State Medical Association shall have made definite arrangements for the defence of its members throughout the State.

Director of Pathological Institute.—The reorganization of the Pathological Institute of the New York State Hospitals, made necessary by the resignation of the former director, Dr. Ira Van Gieson, early last summer, has been proceeding slowly. As there are probably but three or four men in the United States capable of fulfilling in the highest degree the duties of such a position, the Commission in Lunacy, consisting of Dr. Frederick Peterson of New York, President, and Hon. Wm. L. Parkhurst of Canandaigua, have been looking over the ground for months with the view of selecting one worthy of being a successor to Dr. Van Gieson. The Civil Service Commission, after an examination of prospective candidates held December 7th, have certified to the eligibility of Dr. Adolf Meyer of the State Hospital and Clark University, Worcester, Mass., and he has been appointed by the Lunacy Commission to fill the position of Director of the Institute.

Dr. Adolf Meyer was born in 1866 at Zurich, Switzerland. A graduate of the Zurich Gymnasium, he studied medicine at the University of Zurich from 1885 to 1890 under the guidance of Professors Klebs, Forel, etc. During a year of post-graduate studies in Paris, Edinburgh and London, he devoted his attention more and more to neurology, and on his return to Zurich he worked in the laboratory and clinic of Professor Forel, and, in 1892 he published a study on the "Forebrain of Reptiles." After a sojourn in Vienna, Berlin, and another month with Professor Dejerine in Paris, he went to Chicago, and from 1893 to 1895 he was pathologist at the Illinois Eastern Hospital for the Insane and Docent in Neurology at the University of Chicago, until he was called to Worcester, Mass., as director of the clinical work and laboratory of the Worcester Insane Hospital and Docent in Psychiatry at Clark University. In 1896 he made an extensive study of insanity in Europe, especially under Professor Kraepelin at Heidelberg, and since then he has carried out the plan of combining scientific laboratory research with the practical clinical work of a large hospital for the insane at Worcester.

The most important of his later publications are: "A Critical Review of the Data of Neurology" in the Jour. of Com. Neurology, Vol. VIII., Parts 3 and 4, and a study of a new form of degenerations in the central nervous system, published in Brain, 1901.

In June, 1901, at the 450th anniversary of the University of Glasgow, the degree of LL.D. was conferred on him as delegate of Clark University.

The scientific and clinical work of the reorganized Institute will be begun as soon as possible in a building connected with the Manhattan State Hospital for the Insane on Ward's Island. The scheme of investigation and research will be developed along lines to be formulated by Dr. Meyer in association with the Advisory Board of the Pathological Institute appointed not long ago by the Commission in Lunacy. This Board consists of Prof. Cattell, Department of Psychology, Columbia University; Prof. Ewing, Department of Pathology, Cornell University; Prof. Herter, Department of Pathological Chemistry, University and Bellevue Medical College; H. C. Bumpus, Department of Biology, American Museum of Natural History; Prof. Hun, Department of Nervous Diseases, Albany Medical College; Dr. C. W. Pilgrim, Superintendent Hudson River State Hospital for the Insane, Poughkeepsie; Dr. A. E. Macdonald, Superintendent State Hospital for the Insane, Ward's Island; Dr. Frederick Peterson, President of the Lunacy Commission *ex officio*.

It is felt that with a new director of the attainments

of Dr. Meyer both in pathology and in experience among the insane, and with an Advisory Board constituted of such men as are those just named, the plan of work of the Institute will be organized on a basis which should be satisfactory to the medical profession, to the physicians in the State asylums for the insane, the various universities of the State, to scientists in general, and last, but not least, to the taxpayers who support the Institute, and who deserve to expect from it results that shall be of practical value in the care, treatment and cure of the insane. Dr. Meyer is to be left free to select his assistants in the various departments of the laboratory work, but will be assisted in this selection by the Advisory Board.

PHILADELPHIA.

Smallpox in Philadelphia.—The week ending December 12th showed another large increase in smallpox cases, the number being 125, with 8 deaths. The Auxiliary Vaccine Corps organized by the Director of Public Safety has vaccinated about 11,000 persons. As a rule the physicians have been received gladly, the people being willing to be vaccinated. The work will be continued until the entire city has been covered. Dr. Alfred P. Gray of Frankford has lately developed smallpox, he being the second physician in the city to contract the disease.

Penny Bath-House to Be Erected.—The Public Bath Association of this city will erect at 718 Wood Street a thoroughly modern bathing establishment to be conducted for the poorer classes of people. It will be operated on the principle of London establishments, an admission fee of one cent being required from each bather. The structure will be equipped with massage, electric and needle baths, plunge and shower baths, and a sixty-foot swimming pool. The success of this establishment will mean the erection of others of the same style throughout the city.

Death of Dr. Leake.—Dr. Ephraim F. Leake, of Frankford, died December 13th at the age of eighty years, being one of the oldest of the graduates of the University of Pennsylvania at that time. He took an active interest in politics and because of his efforts in favor of reducing trolley rates he was called "The father of five-cent fares." He was in active practice until two weeks before his death.

Enlargement of the American Journal of the Medical Sciences.—With the coming of the New Year, that Nestor of medical journalism, The American Journal of the Medical Sciences, announces an increase in the number of its pages. Sixty-four pages will be added to each issue, all of which will be devoted to the accommodation of original articles. The total of 192 text pages in each number makes it not only the largest of monthly medical periodicals, but also enables it continuously to cover special fields which perforce have heretofore received intermittent attention. The peculiar advantages enjoyed by The American Journal as the organ of the best class of the profession insures to its pages the qualities of authority and interest. It is an honor to American medicine, and we wish it a continuation of its long and successful career.

Sweeping Vaccination Order by University.—A regulation just adopted by the University of Pennsylvania is as follows: "From and after December 24, 1901, every student and every member of the teaching body in all departments of the University and every employee shall exhibit satisfactory evidence to the Dean of the department that he or she has been successfully vaccinated within five years or is incapable of successful vaccination, and that any person failing

to comply with this requirement shall be excluded from attendance at any of the lectures, studies, laboratories, or other departments of the University." Physician's certificates must be filed with the Dean.

Ichthyol in Tuberculosis.—At the County Medical Society, December 11th, Dr. Charles T. Spangler of Kane, Pa., read a paper extolling the use of ichthyol in pulmonary tuberculosis. Kane is a well patronized climatic resort, but Dr. Spangler's experience has led him to believe that the people who improve under climatic treatment alone are only a favored few who would improve under any favorable condition or change. As an adjunct he has found that ichthyol yields admirable results. The odor, taste, and eructations can be to a great extent avoided by giving the drug in capsules. If eructations persist, give the remedy only after breakfast and at bedtime. An elastic method of administration must be followed. After the first week of its use the patient's cough lessens and the sputum loses much of its density. Further use causes continued improvement. The drug is of little value in the acute complications of consumption and should be suspended at such times. In cases where obstinate cough or inflammation of the upper air-passages follows influenza, etc., the patient should be put on ichthyol at once instead of delaying its use until tuberculosis is marked. Dr. Spangler reported a number of cases to substantiate his claims regarding the use of ichthyol.

Camden Physicians Favor Home for Incurables.—The Camden County Medical Society at a recent meeting adopted the following: "Resolved, That this Society recommend the enactment of a law providing for the establishment of a sanatorium, under State supervision, for the treatment of incipient cases of tuberculosis, which shall afford the best facilities for the personal care of the subject and the cure of the disease.

Scholarship in Rockefeller Institute Awarded.—Scholarships in the Rockefeller Institute for Medical Research have been awarded to four students from the University of Pennsylvania. Three are from the Pathological Laboratory—C. M. Duval, E. B. Vedder, and Dr. F. P. Gray—and one, Dr. G. H. Gildersleeve, from the Hygienic Laboratory.

Experiments on the Formation of Bile Pigments and Bile Acids.—Dr. A. C. Croftan, holder of the Woodward Fellowship in Physiological Chemistry in the Pepper Laboratory, gave at the Pathological Society, December 12th, the results of some experiments regarding the formation of bile acids. He stated that there is sufficient proof to demonstrate that the formation of bile and bile acid is the product of hepatic cells. He is clearly of the opinion that these materials are the products of a ferment and that they may be formed outside the body by the use of a ferment. This ferment has such composition that it cannot by any known means be differentiated from trypsin. If a solution of hemoglobin to which sugar and a liver lobule are added be placed in an incubator at body temperature for one week the fluid becomes clear and a brownish precipitate forms. This precipitate contains bile and the supernatant fluid contains bile acids. Now, if trypsin be substituted for the liver lobule in the above experiment, exactly the same changes take place. Dr. Croftan claims that trypsin reaches the liver from the pancreas by means of the circulation. Trypsin is found in muscle and in the kidney and has also been demonstrated in white blood-cells. Since hemoglobin, dextrose and trypsin are present in various organs, the claim is made that the liver is not the only seat of bile and bile acid production. The

relation of the formation of bile and bile acids to the removal of the pancreas and diabetes was then discussed. If the formation of these products depends upon the presence of trypsin, this, with the known fact that removal of the pancreas causes diabetes, explains the latter. When trypsin is not produced there is no ferment to destroy the dextrose of the tissues and that material is eliminated by the kidneys. Dr. Croftan has also discovered very recently that the suprarenal gland also contains a diastatic ferment.

Somnolence Caused by Middle-Ear Disease.—Dr. W. G. B. Harland recently reported at the County Medical Society a case of somnolence apparently due to a middle-ear condition. The patient was a boy of fourteen in whom somnolence was almost continuous, he not being able to run errands or to attend to any work. Treatment in a medical dispensary had been futile. A small amount of cerumen was found impacted in the left ear. Removal of this was followed by the discharge of a few drops of pus and revealed a large perforation of the drum. In three weeks the boy was well. After three months another slight attack occurred, but soon disappeared when the ear was cleaned. The boy in all other particulars was absolutely normal. This, with the result of treatment, seemed to prove conclusively that the ear condition was the cause of the unusual degree of somnolence. It is supposed that pressure was the immediate cause of the symptom.

CHICAGO.

Chicago Lying-In Hospital.—The annual meeting of the Board of Directors of the Chicago Lying-In Hospital and Dispensary was held two days ago. It was decided to broaden the scope of the work, and to this end the Board of Directors was increased to nine members, the Woman's Board increased to twenty-seven, and the Medical Board arranged so that its members are to be chosen from the three best known of the Chicago medical colleges. The Board of Directors is to be chosen so as to have three members from each side of the city. They are to be divided into three groups and each group is to serve three years. The physicians who are to have charge of the medical affairs are Dr. Joseph B. De Lee of the Northwestern University Medical School; Dr. Frank B. Earle of the College of Physicians and Surgeons, and Dr. J. Clarence Webster of Rush Medical College.

Spread of Smallpox.—The State Board of Health reports smallpox spreading in Illinois, especially in the central and southern parts, where in two or three localities the public schools have been closed in consequence. In Chicago there have been six cases of the disease since the early part of October, after an interval of entire freedom from August 12th. Of these there were three in one family contracted from a man who had been in contact with smallpox cases at Rochester, Ill. The remaining three were imported cases, and no one of the six had never been vaccinated, although one of the Chicago cases was in attendance at the Parkside School on a fraudulent certificate of vaccination signed by a physician. The details of these cases again emphasize the lesson that no efficiently vaccinated person need fear smallpox, and that none other is safe while the disease is present in the country.

Scarcity of Physicians to Fill Positions Owing to Small Salaries.—Difficulty is being experienced by the County Civil Service Commission in securing candidates for positions as physicians at the County institutions. Although notices of an examination to be held December 16th have been posted for three

weeks, the responses are coming in with unusual slowness, and it is possible that the examination will again be postponed. The report of the special committee that is reorganizing the Dunning institutions, it is expected, will provide for ten or twelve new positions. To fill this list only six physicians have so far announced their intention of entering the examination. In order to secure an adequate eligible list, it is urged that the County Board take steps to make service on the medical staffs of the institutions more popular by raising the salaries. At present physicians at Dunning receive salaries in some instances as low as \$60.00 a month.

Chicago, Milwaukee and St. Paul Railroad Surgical Association.—The ninth annual meeting of this Association was held in this city at the Great Northern Hotel, December 12th and 13th. The following papers were read and discussed: Injuries of the Ankle Joint, by Dr. W. N. Kendrick, Austin, Minn.; Fracture of the Patella, by Dr. Hugo Philler, Waukesha, Wis.; A Case of Abdominal Disease, with Post-Mortem Specimen, by Dr. B. F. Dodson, Berlin, Wis.; Amputation in Railway Practice, by Dr. H. B. Hemingway, Evanston, Ill.; Fracture of the Femur, by Dr. P. J. Adair, Anamosa, Iowa; Observations of Various Means of Bone Fixation, by Dr. D. S. Fairchild, Clinton, Iowa; Management of Severe Burns, by Dr. Allen Staples, Dubuque, Iowa; Plastic Surgery of the Face and Eyes, by Dr. C. D. Wescott, Chicago, Ill.; Some Nervous Phenomena Following Accidents, by Dr. S. A. Spilman, Ottumwa, Iowa; Postmortem, Antemortem, and a Celebrated Case, by Dr. H. H. Clark, Mount Gregor, Iowa; Thermic Trauma, by Dr. E. O. Plumbe, Rock Valley, Iowa. There were over one hundred physicians in attendance at the meeting.

The Conservative Treatment of Appendicitis and Fallacy of the Starvation Cure.—At a meeting of the Chicago Medical Society, held December 11th, Dr. J. Henry Carstens of Detroit, Mich., read a paper, by invitation, on this subject. After citing his observations in relation to this disease, he summed up by saying that the conservative treatment of this disease consists in prompt operation, and that the starvation method of procrastination is vicious and has cost many lives, because it is used as an excuse to dally with patients that should be promptly subjected to the removal of the organ. A spirited and lengthy discussion followed the reading of this paper. The radicalists were Drs. John B. Murphy, Alexander Hugh Ferguson, and the author of the paper. Others, who participated in the discussion, and whose views were more conservative in tone, were Drs. Christian Fenger, Arthur Dean Bevan, L. L. McArthur, A. I. Bouffleur, D. W. Graham, and others.

More Room at Dunning.—Immediate changes to afford room for 200 additional patients at the Dunning institutions will result from the investigation of the special advisory commission. One-half of the consumptive hospital will be fitted up for insane patients to accommodate those who now are sleeping on the floors of the old hospital. The large dance-hall is to be turned into a dormitory, while the maternity hospital is to be converted into a ward for children at the poorhouse. Dr. Frank Billings and Dr. Hugh T. Patrick were appointed to conduct the professional reorganization of the institutions, while Dr. Billings and Mr. E. P. Bicknell will decide on the style of new buildings.

Traffic in Dead Bodies.—Trafficking in cadavers will be investigated by the Grand Jury. The attorney for the State Board of Health, Mr. Shaw, who, with Dr. M. O. Heckard, Registrar of Vital Statistics in

the City Health Department, attempted to have the subject inquired into by the November Grand Jury, but coming with their complaints late in the session, the matter was dropped until the December Grand Jury was called. Chief among the complaints is the attempted shipment from the State on November 6th of 8½ cadavers under the title of "Second-hand laundry machinery." The consignment was to one "J. R. Jones, Brashear, Mo." Dr. F. Schoenliber, connected with the Harvey Medical College, was charged with the violation of the statutes, and was arrested. Justice Hall dismissed the charge for lack of evidence. Attorney Shaw was not satisfied with this. Mr. Shaw has, it is said, received information concerning trafficking in cadavers by undertakers in the outskirts of the city to points outside the State. These complaints he will ask to have investigated.

GENERAL.

Leprosy in the Hawaiian Islands.—Five years ago there were 1,300 lepers in Molokai. Now there are only 900, and Superintendent Reynolds believes that leprosy is being slowly but surely eradicated from the Hawaiian Islands.

A New Biological Journal.—A new journal devoted to the statistical study of biological problems has just appeared, bearing the title *Biometrika*. Dr. C. B. Davenport of Chicago is the American editor.

Boston's Smallpox Epidemic.—Notwithstanding the efforts of the Health Department to control the disease, smallpox continues to rage in Boston. The report of the Health Department December 10th shows 12 new cases in twenty-four hours. This is a slight decrease from the day before, but an increase over the middle of last week, when such discouraging reports were made that doctors and health officials were led to believe the disease was on the wane. Another appeal has been issued to continue vaccination.

Study of Foods.—The united efforts of the profession should aid Professor Atwater and his associates at Wesleyan University, at Middletown, Conn., in the move just made to receive from Congress an increase of \$10,000 in the annual appropriation for the development of the study of food and nutrition. This will make the appropriation \$30,000. The extra money will be used for the extension of the work along several lines, among them being dietaries of farmers and rural and urban wage-workers, including those in the South; studies with reference to the utilization of nutrition; investigations in public institutions, and studies in food supply of people in the tropics, with special reference to the new national possessions. The variety of the investigations has to do with kinds, amounts and costs of food actually bought and sold by members of families of mechanics, farmers and professional men, people in the slums of New York and Chicago, negroes and the so-called "poor whites" of Virginia, Alabama and Tennessee, native Mexicans and half-breeds in New Mexico, and Chinese in California. The investigation would be extended to others if they could be found or reached, but it now touches a greater number of persons than any series of experiments on any scientific subject ever before carried on in America or in any other country and is worthy of support.

Boer Death-Rate High.—A bluebook was issued by the Colonial Office December 14th, containing a detailed return of the deaths of Boers in the concentration camps in South Africa in the months of October and November and also during the six months from June to November inclusive. The deaths of whites in the

six months numbered 12,441, including 10,113 children. The death-rate per 1,000 per annum for the entire mortality in all the camps increased from 109 in June to 338 in October, and sank to 284 in November. The death-rate per 1,000 per annum for children in the month of September was 433, in October 572 and in November 469.

Aseptic Barber-Shops.—The Board of Health of San Francisco has, according to *The Sun*, adopted a code of rules for the sanitary regulation of that city's barber-shops and the rules are strict enough to make the New York barber gasp. Inspectors have been appointed to visit the shops and report violations of any of the regulations. First of all, the sponge has to go in the San Francisco barber-shop. The use of the sponge is absolutely prohibited. The powder-puff goes with the sponge. Barbers are required to apply powder to customers' faces with clean towels or absorbent cotton. That a separate clean towel must be used on every person, under the rules, almost goes without saying after that. That, however, is only the beginning of sanitary discipline. "Sanitary hair-brushes" must be used and sterilized by immersion in boiling water or a weak solution of formalin, and the same with shaving-mugs and brushes after every separate use. Razors must be wiped with 95-per-cent. alcohol before and after use on any person. Needles, tweezers, forceps and other instruments must be disinfected in boiling water or 3- or 5-per-cent. formalin solution immediately after using and thoroughly dried by passing quickly through a gas or alcohol flame. Scissors and clippers must be treated likewise. Floors must not be swept but mopped up with a solution of corrosive sublimate. As to the barbers themselves they must keep their nails short and clean, under penalty of a fine. They must not breathe on the razor strops nor wipe them off with the hand. They must wash their hands "thoroughly" immediately after serving each customer and must not blow loose hairs away with their breath.

Bad Quinine in the Philippines.—In its issue of last week the *Oil, Paint and Drug Reporter* contains a statement from its Washington correspondent that trouble occurred nearly two years ago in regard to a shipment of quinine to the Philippines. In the summer of 1898 the Surgeon-General's office undertook to obtain a large quantity of drugs on short notice for use in the Philippines. Included in this order were 12,500 bottles of two-grain quinine tablets (500 tablets to the bottle). Soon after this consignment, which was furnished by a San Francisco house, reached the Philippines there was complaint that the tablets were adulterated. An investigation was made and as a result 12,227 of the 12,500 bottles were sent back to the contractors. The contractors represented that any adulteration which might be found in the tablets was due to no fault of theirs and they complied with the requirement of the department that they substitute for the rejected tablets others of standard purity.

North Texas Medical Association.—The last regular meeting of this Association met at Greenville, Tex., December 10th, 11th and 12th, under the presidency of Dr. R. F. Miller. The following interesting program was given: Report of the Chairman—Some Observations on the Continued Fevers of North Texas, by R. W. Baird, Dallas; Typhoid Fever—Report of Two Cases, by Will Cantrell, Wolfe City; Treatment of Typhoid Fever, by C. M. Grigsby, Kaufman; Tubercular Nodules of the Bowels, by J. D. Burt, Farmersville; Dermatitis Medicamentosa, with Report of Case, by J. B. Shelmire, Dallas; Symptoms and Treatment of Invasion of Nasal Cavity by the Texas Screw-worm, Report of Three Cases, by H. A. Burrows, New Bos-

ton; Incubation for Laryngeal Diphtheria, by J. W. Bourland, Dallas; Functional Neuroses of the Menopause, Report of a Case, by A. B. Small, Waxahachie; Adenoids and Their Complications, by E. H. Carey, Dallas; Subject Unannounced, by J. H. Erwin, Kaufman; Lobar Pneumonia, by T. R. Black, Blossom; The Pupil and Visual Field in Cerebral Diseases, by S. L. Terrell, Dallas; Surgical Tuberculosis, by L. P. McCuistian, Paris; The Present Treatment of the Hypertrophied Prostate Gland, by J. T. Wilson, Sherman; The Eye Symptoms in Fractures of the Skull, by Jno. O. McReynolds, Dallas; A Case of Cerebellar Tumor, by B. E. Hadra, Dallas; Injuries of the Spine, by Le Roy Long, Caddo, I. T.; Thoracotomy, by J. C. Carleton, Bonham; Extravasation of Urine Following Traumatism of the Urethra, by R. R. Walker, Paris; Traumatic Empyema, by J. E. Dodson, Vernon; Report of a Case, by T. L. Barnett, Midlothian; Report of a Case of Congenital Cerebral Syphilis in a Child Ten Years Old, by G. W. Foscue, Waco; Report of Surgical Cases, by S. E. Milliken, Dallas; Management of Normal Labor, by J. C. Carlton, Bonham; Uterine Misplacement, by A. H. Lindsay, Paris; Mastitis, Cause and Treatment, by Ellen L. Dabbs, Fort Worth; Report of a Case of Uterine Fibroids Treated with Thyroid Extract, Recovery, by Jas. T. Jelks, Hot Springs; Curette in Gynecology, by J. F. Curry, Rockwall; Manual Manipulation as an Aid to Parturition, by C. A. Gray, Bonham; Endometritis, by O. C. Buster, Pilot Point; Abortion, by W. H. Lively, Dallas; Proper Examination of Women in Diseases Peculiar to Them, by Dr. Wm. H. Baldrige, Wylie; Abortion, by W. N. Lemon, Commerce; Tait-Schroeder vs. Emmet Operation, by Joe Becton, Greenville.

Births and Deaths in France.—For those who claim that nothing good can come out of France, the recent statistics of births and deaths will prove of satisfaction. In 1899 the excess of births over deaths was 31,394, giving the hope that France was slowly rebuilding up its population, but in 1900, on the contrary, there was an excess of 25,988 deaths over births. In only two Departments, the Seine Inférieure and the Cantal, the excess of births over deaths in 1900 was greater than in 1899. In thirty other Departments the number of births in 1900 was greater than that of deaths, but that excess of births was inferior to that of 1899. On the other hand, in 55 Departments the number of deaths in 1900 was larger than during the preceding year; whereas, in 1899 that increased mortality existed in only 43 Departments. If the number of births diminished, the number of marriages increased by 3,332 in 1900. Divorces were less numerous. Examining the births, the report notes that there were only 73,121 illegitimate children born in France in 1900, and that 19,141, or almost one-third of them, were born in Paris. The statistics, not only of 1900, but of previous years, show that in France 21 male children are born to every 20 females. Nevertheless, the feminine population of France is a little larger. Men die earlier than women. Quoting the statistics of the last ten years, the correspondent of the *Temps* affirms that it is the legitimate unions which are productive of that happy majority of the birth of male children. Taking the average of the last ten years, the writer shows that of the annual offspring of those legitimate unions, 398,354 were males and only 381,030 females. This predominance of the male sex is, according to the *Temps* correspondent, who has studied the statistics for many years, so constant as to be a sort of law. However, the predominance of the male sex in the offspring of illegal unions is much less marked. In this category it is interesting to note that the figures show

the average for the last ten years is 37,674 males and 36,817 females.

Changes in the Medical Corps of the Navy.—For the week ending December 14th: H. H. Hass, Past Assistant Surgeon, detached from Norfolk Navy Yard, and ordered to the "Kearsarge" for duty with the marine detachment; F. M. Furlong, Assistant Surgeon, when detached from New York Hospital, ordered home on sick leave for two months; P. E. McDonnold, Assistant Surgeon, detached from the "Constellation," when discharged from Naval Hospital, New York, and ordered home with one month's sick-leave; W. M. Garton, Assistant Surgeon, detached from the Naval Academy and ordered to the Naval Hospital, New York; J. B. Dennis, Assistant Surgeon, detached from the Naval Hospital, New York, and ordered to the Naval Academy, upon reporting of relief; J. B. Buchanan, Assistant Surgeon, ordered to the "Columbia"; N. H. Drake, Surgeon, ordered to the "Philadelphia"; J. Cowan, Pharmacist, detached from the Boston Navy Yard, ordered home to wait orders.

Obituary.—Dr. Edward H. Bemis of Glens Falls died on Monday last from a stroke of apoplexy.

Dr. Leslie M. Sweetman, a well-known surgeon of Toronto, Canada, died December 11th in the Johns Hopkins Hospital of blood-poisoning. Several weeks ago, while cleaning his hands after an operation in the hospital of the University of Toronto, he received a small puncture in one of the fingers of his right hand from the nail-brush he was using.

Dr. F. A. Utter died suddenly on December 10th at 103 West 71st Street, in the sixty-first year of his age. Dr. Utter was well known on the West Side and was a member of the Grand Army and of the New York County Medical Society.

Dr. Rush S. Huidekoper died December 15th from a complication of diseases said to have been contracted during the Spanish-American War, in which he served. Dr. Huidekoper was United States Commissioner General to the exposition at Hamburg in 1883, and in 1893 was appointed chief surgeon in the army with the rank of lieutenant-colonel. He was forty-seven years of age. Dr. Huidekoper was born in Meadville, Pa., and was educated at Phillips Academy, Exeter, and at the University of Pennsylvania, where he was graduated in medicine in 1877. Later he studied at the National Veterinary School at Alfort, France, and in the laboratories of Virchow, Koch, Pasteur, and Chauveau. Later he was connected with the University of Pennsylvania and the New York College of Veterinary Surgery as professor of internal pathology and contagious diseases. For many years he occupied high medical positions in the Pennsylvania National Guard. His appointment as Chief Sanitary Inspector of the military camp at Chattanooga after the Spanish war excited much adverse comment, and he resigned. He published several works on animals and was editor of the *Journal of Comparative Medicine and Veterinary Archives*.

BYWAYS OF MEDICAL LITERATURE.

PATHOLOGY IN FICTION.

In recent years the introduction of pathology into fiction has come to be quite the fashion. Distinctly medical ideas that are usually not discussed in any but exclusively medical circles sometimes receive thorough ventilation before the public in this way. The late Grant Allen, under one or other of the aliases he used to assume in order to conceal the amount of writing he was doing, found a very interesting field in certain

problems in psychiatry and especially in the department of criminology. Usually when the medical topic introduced into a novel is especially risky, the writer is likely to be a woman. It was Mme. Sarah Grand, in "The Heavenly Twins," who gave the dear non-medical public that delicious pathological morsel in the description of a syphilitic infant as "a little old man with a cold in his head." Another successful woman novelist has just attempted quite as forbidding a subject. Her novel has been hailed as the book of the year and is actually one of the best selling of the moment. The novel is "Sir Richard Calmady," the author's name, Lucas Malet, being the pseudonym for Mrs. Mary St. Leger Harrison, the daughter of the late Charles Kingsley, the clergyman novelist and poet so well known a generation ago in England. As her father occupied himself toward the end of his life mainly with "social" subjects, perhaps the daughter's choice of theme should not be a matter for surprise.

The first part of "Sir Richard Calmady" introduces a telling incident that depends for its interest on the supposed influence of maternal impressions. Young Sir Richard Calmady and his wife have been married but two or three months when the husband is brought home one day with both his legs badly crushed. Amputation is required. Needless to say the young wife is intensely disturbed by the sad accident and by the consequent death of her husband. The scene in which he is brought in maimed is indelibly impressed upon her. A baby boy is born some six months later and, although the upper part of his body is well formed and beautiful, the lower part is horribly maimed as though the legs had been cut off above the knee. At first the mother is not told of this deformity. Then it is broken to her gently and shortly after in a powerful scene the author describes her maternal feelings as she unwraps her baby boy. The boy is brought up so carefully as almost not to realize his difference from other children. Late on in life he falls in love with a handsome young woman. At first she accepts him, but the realization of all his deformity turns her from him and she refuses him.

Then in a series of chapters in a section of the book called the "Rake's Progress," the authoress brings out forcefully that extreme medical problem as to the sexual feelings of the deformed in the lurid light of the physical aversion that their deformity occasions in those who are capable of arousing their passion. The deformed Sir Richard Calmady goes to Naples, where not far from the scene of the orgies of the Roman Emperor Tiberius the passionate part of the cripple's life works itself out. His ultimate salvation is an attack of typhoid fever from which he is nursed by the proper person and returns to England to marry her and live happily ever after.

The problems involved in the book are undoubtedly of intense interest and are very close to the heart of Nature. The question of sexual feeling in the deformed has been the source of serious thoughts for many a medical man. It seems scarcely proper, however, to present such problems in detail to the general public. "Sir Richard Calmady," for all its truth to Nature and its excitation of sympathy for deformity, is apt to do more harm than good. Pathology has scarcely a place in fiction, and should as a rule be excluded.

LITERARY PATHOLOGY.

Another phase of pathology in literature (save the mark) is well represented by the following quotation from an article of Mr. Vance Thompson in the last number of the "The Philistine." The article has the very medical title "Red Corpuscles in Art." It begins

thus: "The trouble with the arts to-day is that they are anemic. They are deficient in red corpuscles. This is true of the drama. It is true of music, painting, sculpture, poetry—all the arts. George Moore used to have a phrase for it. 'Art to-day,' he would say, 'lacks guts.' And so it does. Were I to use my own phrase, I should say that what we all lack is the Rabelaisian spirit." Later on occur the phrases: "Great art is always virile. The slim pallidities of Fra Angelico belong to a day of degenerate and monkish thought. Rubens' great blonde women are the solaces of the eternal fighting man. Read Rabelais, mes amis, and become Rabelaisian. Of such are the kingdom of art."

We fear that the good physician Rabelais, who in a rude time said rough things in a crude way, would not be overready to acknowledge his supposed disciples in this later generation who presume on vulgarity as an element of humor in defect of something better.

THE PLAGUE.

The last number of the *Quarterly Review* (London) contains a very informing article on the plague in which are reviewed seven recent books on the subject. Some of the information is startling enough. For instance, in Bombay alone in three years and a quarter 46,000 victims of the disease succumbed. In the whole Presidency, including the city, the plague mortality during the same period is reported as amounting to 252,000 persons. This gives a very good idea of the fearful ravages of the disease when the circumstances are favorable for its dissemination. On the other hand, how little liable the disease is to spread despite exposure under ordinary sanitary conditions may be gathered from the single case which occurred at Cardiff in Wales last year. The patient was a sailor and arrived at King's Lynn on a vessel carrying corn. When the unloading was finished two men were taken ill. One of them landed at South Shields, crossed England by rail to his home near Cardiff, was found to have plague and was removed to a hospital, where he died. This man was not infected when he left South America, as the voyage was much longer than any possible incubation period. He must have been inoculated while unloading the cargo, in which many dead rats were found. It is instructive to observe that in a long railway journey and during his illness at home this patient did not communicate the plague to any one, though he was brought ultimately in contact with very many persons before the recognition of his disease led to isolation.

A THERAPEUTIC BOOK.

The life of Robert Louis Stevenson by Graham Balfour would, it seems to us, be an excellent book to put into the hands of the discouraged consumptive making the fight for his life, finding the hours hang heavily and with no mental occupation to arouse and stimulate him to vitality. The courageous way in which Stevenson, during long years of fight with the malady that finally carried him off, nobly did his work and even laughed at his sometimes almost victorious conqueror, is one of the most inspiring things in the history of modern literature. When suffering from repeated hemorrhages he writes to an editor to say that he will have certain manuscripts ready if only "bluidy Jack," his pet name for recurrent hemorrhage, will let him. This is the very acme of bravery.

Several years before his death, he wrote to Mr. George Meredith, the English author, that for years he had not had a day's real health. "I have awakened sick and gone to bed weary and I have done my work unflinchingly. I have written in bed and written out of it, written in hemorrhages, written in sickness, writ-

ten torn by coughing, written when my head swam for weakness, and for long it seems to me I have won my wager and recovered my glove."

MEDICAL ARTISTIC TRUTH.

Most of our readers know "the boy and the geese" picture of the familiar patent medicine "ad." The story of it has just come out. We have heard of artists painting the portraits of newly-rich patrons so faithfully that the vulgarity of features was patent even to the sitter. At times, too, there has been a whisper of such conditions where the patron failed to see the conscious or unconscious satire, but this beats all those. A distinguished American comic artist is said to have been asked to prepare a sketch for advertising purposes for the great cure-all. He drew the well-known set of figures, now so familiar to all New Yorkers, of the boy and the geese—the evident allusion to the sort of patrons the patent-medicine man hoped to have flock after him as he poured out his remedy before the public was lost on the advertiser. Now, in huge size, the boy and his geese following stare out from every important signboard. Only those who know the artist and the delicacy of his satire are "on to it" however, and we suppose the dear public flocks as anticipated after the remedy as it is poured out "for a consideration."

CORRESPONDENCE.

OUR LONDON LETTER.

(From Our Special Correspondent.)

LONDON, December 7, 1901.

DEATH OF SIR WILLIAM MACCORMAC—AN EARLY PIONEER OF THE OPEN-AIR TREATMENT OF CONSUMPTION.

IT WAS with a shock that the medical world of London, and indeed of the United Kingdom, heard on December 4th of the sudden death of Sir William MacCormac. Only the day before he was sauntering about the streets, as was his custom not only of an afternoon, but of a morning, with a cigar in his mouth, a retriever at his heels, and the general appearance of a man who had nothing to do and did it very well. But to those who knew him as he was only two or three years ago, it was painfully clear that, like Falstaff, he had fallen away vilely. His trip to South Africa, though he did little in the way of work while he was there, seems to have laid the seeds of a dysentery of which he never quite got rid. He died at Bath, whither he had gone to take the waters. He was only sixty-five, which in these days of "grand old men" is the prime of life. The immediate cause of death seems to have been a heart seizure of some kind, but even before he went to Africa his constitution was undermined by a severe and prolonged attack of pleuropneumonia which nearly killed him a few years ago. He was a man of striking presence, standing some 6 feet 3 or 4 inches, as erect and as solid looking as a marble column. He was an imposing figure-head at professional "functions," and for this reason, among others, was five times elected president of the Royal College of Surgeons. He was secretary general of the International Medical Congress held here in 1881, and made a great impression on the foreigners present by the stateliness of his appearance. MacCormac was an Irishman by birth and education and at the outset of his career had no connection with any of the London hospitals or schools. This fact makes his rise to the position which he occupied at his death all the more remarkable, for it is by no means easy for an outsider to get a position on the staff of a London hospital of

the first rank. MacCormac, however, somehow managed to get himself appointed assistant surgeon to St. Thomas's Hospital and he worked his way up steadily from the lowest rung in the professional ladder to the top. This is sufficient to prove that there must have been sterling worth and ability in the man. Yet, though not only popular but held in high esteem by his pupils, he was never taken very seriously by the profession. He was a good surgeon of the old school whose maxim was to cut through everything soft, saw through everything hard, and tie up anything that bled. But of scientific surgery in the modern sense he knew little and, I should imagine, cared less. He was in his proper element at a base hospital in a campaign; and it was his services as a volunteer surgeon in the Franco-German and Servian wars that first won for him the newspaper fame which he continued to enjoy till the end.

MacCormac was a favorite with the present King long before his accession and this brought his name prominently before the public. But he never had much practice, and this no doubt contributed to his popularity with his brethren of the knife. He had no enemies because he was not looked upon by any one as a rival. He was a genial Irishman, with perhaps less than his share of the wit with which his countrymen are credited; he was rich, having married an heiress; it was a runaway match, but it was a very happy one; he was a baronet and two knights rolled into one; he was happy in the possession of nearly all the orders, medals, crosses, stars, and ribbons, with which European monarchs decorate those whom they delight to honor. These things and the official honors freely bestowed on him by the College of Surgeons doubtless consoled him for the want of private patients. His official connection with the royal family made him popular in society and at public banquets; though his oratory was not inspiring, his conspicuous appearance shed a reflected dignity on the profession of which he was the accepted representative. Within the profession he was, as already hinted, a man of more *weight* than authority. But when the gaseous elements in his career have been allowed to evaporate, there will remain a solid residue of good work—not large in amount nor very precious in quality, but yet of distinct value. He discharged the onerous duties of surgeon to a great hospital and lecturer on surgery in a school largely resorted to by the graduates of our most famous universities with credit to himself and acknowledged benefit to his pupils. The mere possession of a fine presence could hardly have enabled him to do this. Nor is it every one who could write a book like his "Notes and Recollections of an Ambulance Surgeon" (during the Franco-German war), which has been translated into French, German, Dutch, Spanish, Italian, Russian and Japanese. MacCormac was a large-hearted man and to his friendly help not a few of the younger generation of St. Thomas men owe their success.

The death of Sir William MacCormac recalls the fact that his father, the late Dr. Henry MacCormac of Belfast, was an early pioneer of the "open-air" or, as it might more fitly be called, the rational treatment of consumption. As long ago as 1855, he published a book in which the policy of the open window and all the essential features of the modern treatment of tuberculosis were clearly set forth. Dr. MacCormac was an enthusiast and gave his life to the preaching of his sanitary gospel. The following passage from his book shows how fully he had grasped the vital truth to which the profession is only now being awakened. After stating that "a fresh, untainted, unbreathed atmosphere, at all times and places, is the

one condition of treatment which nothing must interfere with or set aside," he goes on to say:

"The simple rule is to let the chamber atmosphere prove pure and untainted as is the open air itself, in which indeed the patient should otherwise spend as much time, in fact pause as much as his strength, the weather, the season and his means will permit. He must, in short, live in the open atmosphere, but then it must be the open atmosphere, and its wholesome influences coupled with, not thwarted by, house comforts and home shelter. The phthisical sufferer should spend as much time in the open air, in all seasons, as his strength and the weather will permit."

This, be it remembered, was written before Brehmer was heard of. Henry MacCormac went about as an apostle of his new doctrine to London, Edinburgh, Glasgow and other medical centers. But he was before his time and the mind of the profession was not ripe for his teaching. The general opinion of him seems to have been that much learning (he was a great linguist, philosopher and what not besides a physician) had made him mad. The reception he met with at the leading medical society of London, the Medical and Chirurgical, may be taken as a type of that which he got elsewhere. In 1862 he read before that body, which then as now represents all that is in an academic sense most "superior" in British medicine, a paper on "The True Nature and Absolute Preventibility of Tubercular Consumption." One learned Theban characterized the paper as a waste of time; while another protested that the Society should be protected against the reading of such productions! The end of the business was that the Society refused to pass the customary vote of thanks to the author. The incident, though amusing to the cynic, is painful to any one interested in the progress of the healing art. The history of medicine shows that it may almost be looked upon as a law of the evolution of medical thought that wisdom must cry out for years, sometimes for centuries, in the streets before any man regards it.

OUR PARIS LETTER.

(From Our Special Correspondent.)

NOVEMBER 29, 1901.

RESTAURANT FOR LATIN QUARTER STUDENTS—DISCUSSION ON SANITARY MATTERS AT THE ACADEMIE DE MEDECINE—PROFESSOR DEBOVE ELECTED DEAN OF THE PARIS FACULTY—OVERPRODUCTION OF WINE IN FRANCE—THE NEW PROFESSOR OF OPHTHALMOLOGY.

A NEW restaurant specially destined for students has been started in the Latin quarter. It is a well-known fact that consumption is quite rife amongst students, and it may be due in part to the insufficient food they get in the lower class of restaurants. No spirituous drinks will be allowed in this establishment, though moderate amounts of wine, beer and cider may be called for. Only subscribers are allowed. Twenty-five francs must be paid down in one sum or in monthly instalments. If there is a bonus at the end of the year it will be divided amongst the shareholders according to the number of meals they have ordered. The prices are more moderate than in the celebrated Duval restaurants. Moreover families sending their sons to Paris may pay in advance every month.

The recent case of bubonic plague on the "Sénégal," a steamer which had just left Marseilles, has brought about a good deal of discussion. According to a certain number of physicians who happened to be on board the "Sénégal," the disinfection which takes place at Frioul, the sanitary station of Marseilles, is carried out

in a somewhat lax manner. It would seem that a boat, the second officer of which had died of the plague shortly after leaving Port Said, called at the Frioul recently and the passengers were only landed after eight days, given a bath and an approximate disinfection and landed in Marseilles the next day. There are so few drugs to be had in the pharmacy that when a patient has a severe hemorrhage it is found necessary to ask one of the ship doctors for a solution of ergot. Steamers calling at infected ports are not obliged to have serum, or if they have solutions on board four out of six bottles may be in bad condition. Such are a few of the remarks made by physicians who happened to be on board the "Sénégal." At the Académie of Médecine Dr. Buequoy complained bitterly of the condition of the lazaretto, where there is only room for 120, whereas there happened to be 165 passengers on board the "Sénégal." He said that this steamer should have been more thoroughly examined, as there were found the bodies of rats that had died from the plague. There was no serum on board, which was undoubtedly the cause of the death which occurred. Dr. Proust answered Dr. Buequoy's criticisms. He remarked that it was not the fault of the sanitary service, which had given most explicit directions to its agents. At present the precautions carried out are even more rigorous, and if a case of bubonic plague is found the hold of the vessel is disinfected with sulphurous acid. As for a lack of serum on board ship, it is only steamers carrying immigrants that are obliged to take serum. As for the fact that the passengers were not landed, that was because it was thought that the trip might be continued in case the diagnosis of plague was not confirmed. Dr. Proust's speech was a complete justification of all that took place, but, as he is a medical inspector of high standing and one who had just made an inspection in that region, it is not to be wondered at if he supported the sanitary arrangements carried out in this case. Dr. Debove showed that the sanitary taxes brought in almost three times as much as was spent in this department. It is not a lack of money which prevents the carrying out of certain reforms. It was decided to appoint a commission which would see to the carrying out of the necessary reforms.

Dr. Debove has just been elected dean of the Faculty of Medicine. Professor Brouardel, who has served fifteen years in that capacity, sent in his resignation. Professor Pinard at first received the greatest number of votes, but not a sufficient number to be nominated. Then Dr. Debove, who had at first refused to be a candidate, accepted on certain conditions and was elected by a large majority.

The new law, by which the duties and taxes on wines and hygienic drinks were abolished, has not brought about the result which was expected. Neither the Government nor the hygienists are satisfied. It had been thought that by decreasing the price of wine the poorer classes of the population would drink less spirituous liquors. The tax on spirits has brought in less than usual, but this is perhaps due to the fact that the wine sellers had laid in a large stock of alcoholic beverages before the law took effect. As for the wine growers, they are complaining, though the amount of wine drunk has increased by 6,000,000 hectoliters. The trouble lies in the overproduction of wine, due to the recent establishment of vineyards producing a large quantity of inferior grades. The annual consumption of wine in France is about 42,000,000 hectoliters; 65,000,000 were produced in 1900, and 55,000,000 in 1901. This overproduction will continue for several years, and it is hard to say what can be done with this enormous quantity of wine.

Professor de Lapersonne, who has succeeded Panas

as professor of ophthalmology at the Hôtel Dieu, delivered his first lecture on November 10th. Dr. de Laperonne was dean of the Faculty of Lille until he was given this position.

TRANSACTIONS OF FOREIGN SOCIETIES.

German.

BOTTINI'S OPERATION—VESICAL CALCULI—EXAMINATION OF THE KIDNEYS.

SCHLAGINTWEIT (Munich), at the Seventy-third Congress of German Naturalists and Physicians, held in Hamburg from September 22 to 28, 1901, read before the Section on Surgery a critique on Bottini's operation, founded on one hundred and fifty experiments and eighty-two preparations of prostatic hypertrophy, collected by Guyon in the Necker Hospital at Paris. He said in part that the early publication of the results aroused doubt as to the adequacy of the operation. This has lately changed, however, owing to the investigations of Freudenberg and others who have established a definite standard of comparison as to results. Cure is now understood to mean that no catheter is further necessary, that the urine passes in a free stream and that there is very little residual urine. Such cures occur in fifty to sixty per cent. of all cases. Improvement implies that there is no longer complete retention, less frequent and active urgency, less pain and more general good health. Twenty to thirty per cent. of the patients show improvement. The unimproved range between thirteen and eighteen per cent., the deaths between four and one-half and eight per cent. Permanent and to some degree satisfactory results occur in seventy-five per cent. of all cases. The contra-indications of the operation are severe nephritis, pyelitis, purulent cystitis and marasmus. Distention of the bladder is not an absolute contra-indication because muscular power soon returns after the operation. The accidents of the operation are bending of the red-hot blade from uncertain handling of the instrument, burning out of the blade and short-circuiting of the current. On account of the latter, the direct current with transformers must be used. The sequelæ of the operation are fever for a few days, especially with purulent inflammation of the urinary tract, secondary bleeding from the casting off of the scab as early as the fourth day and as late as the twentieth day, thromboses and pneumonia. In addition to a delicate handling of the instrument, care must be exercised with special reference to the immediate results, the depth of the narcosis, the possibility of a repetition of the operation and brief confinement to bed for from two to three days. In spite of all objections, von Frisch states that its results are so favorable that no other operation can be compared to the Bottini in treating prostatic hypertrophy. The operation has had comparatively little popularity among genito-urinary surgeons on account of its uncertainty, of the impossibility of knowing the basis of the ultimate success or failure, of the few autopsies recorded after it and of the lack of material, especially in Germany, for the study of good specimens of prostatic hypertrophy. The principle of the operation consists in burning V-shaped channels half an inch deep in the parenchyma of the gland, which after the shedding of the scab tend to deepen without any spreading. Secondary atrophy of the gland does not occur. The mechanical effect of the operation is the reason for believing that the whole matter of prostatic hypertrophy, with all its evil consequences, depends entirely upon a mechanical hindering of the outflow of the urine. The whole value of the operation depends upon the answer to this cardinal question, in which direction, in what number, to what

length, and in what serial arrangement must the cuts be made in a given case? Most of the authors give commonplace rules on these points, but none which is universally available. The operator must, however, know the exact anatomical and topographical grounds upon which his cuts shall be based. The technic of the operation is very important. After the introduction of a stiff, straight instrument, like the early designs of Bottini, the gland is no longer normal; its position, condition, relation of the middle lobes, parenchyma and capsule are all changed on account of the forceful stretching into a straight line of the deformed urethra by the shaft of the instrument. The degree of these changes depends, of course, upon that of the original pathological condition. The pathological arrangement of the gland must be carefully studied before the first or any of the subsequent cuts are made, so that the viscus shall be changed as little as possible. During the operation, therefore, the so-called "typical seizure" of the gland should be absolutely ignored. Cystoscopy should be brought in to determine and describe the features of the gland and the number and the length of the cuts and so far as possible their relation. A combined incision and cystoscopic instrument is too thick and its blade penetrates too little and too short a distance to give any guarantee of efficient work. Bleeding, moreover, is very apt to obscure the operative field and render the cystoscopy valueless. The writer's own method of proceeding is the following: The bladder is filled with sterilized air, explored with a bougie-à-boule, palpated through the rectum and inspected with the cystoscope. The internal orifice of the urethra is mapped out by the finger in the rectum and the exposed cold blade of the instrument. Great delicacy and care must be exercised at this point. The blade is not hooked into the gland, but simply brought down to the end of the urethra within reach of the finger. This mapping-out with the aid of the cystoscope is plotted on a chart which is before the surgeon during the operation. The manifest aid of such a chart needs no further discussion. All the old and new methods of determining the length, number, direction and relation of the cuts leave the following points still unsettled: (1) The length of the cuts in each direction; (2) the direction of the cuts posteriorly; (3) the direction of the cuts toward the side, which must not, of course, be below the horizontal plane of the gland; (4) it is impossible to determine the number of cuts, especially those to the front and to the side above the level of the horizontal plane in every case. Perhaps measuring the angles between the shaft of the instrument and the symphysis pubis and a study of the transverse section at different levels of hypertrophied prostates will permit this question to be settled within definite limits. The author closes with the dictum that beyond question this operation will in time be brought within the same definite limits of procedure as have been in the past and the present laid down for lithotripsy. The operation will then no longer be a surgical curiosity but a definite means of treatment.

ZUCKERKANDL (Vienna) gave his deductions from one hundred and fifty operations for stone in the bladder. Of these one hundred and nine were lithotripsies, one a perineal lithotripsy and thirty-seven suprapubic cystotomies. The mortality ranged from 3.06 per cent. for lithotripsy to 13.03 per cent. for cystotomy. Relapses were equally frequent in both methods. On account of the dangers of suprapubic cystotomy, clearly stated in literature, its prolonged after-treatment, and its many complications at the wound and even after the full healing of the wound, Zuckerkandl believes that it should be abandoned as far as possible. He also considers that perineal lithotripsy is a step forward and

should be substituted for suprapubic cystotomy in the majority of cases. The injury of the urethra in this operation, if skillfully limited, is rather an advantage, because it affords better drainage of the bladder. Lithotripsy is the operation of choice and, in fact, should always be done when the stone is not too large for the instrument to seize. In such a case the perineal method is indicated and also when the urethra is impassable to the straight instrument through prostatic hypertrophy, stricture or urethral calculi, and the completion of the lithotripsy is thereby rendered impossible or when large fragments remain and resist further crushing. Suprapubic cystotomy is applicable to stones which fill the whole bladder or which, on account of their large size, are pocketed in a diverticulum or in a deep fundus, to incapsulated stones, to stones in the ureters or at the junction of the ureter with the bladder, to stones about foreign bodies and for complications of stone and new growth of the bladder, and finally to the purpose of establishing a fistula.

CASPER (Berlin) stated the results of further investigation into the question of examination of the function of the kidney by the method proposed by Richter and himself. Richter's method consists, briefly, in collecting separately at the same time the urine from both kidneys and examining it. While albumin, renal elements, white and red blood-cells, casts, micro-organisms, etc., are indications of the anatomical condition of the kidneys, the functional power of each kidney can be determined by comparing the total amount of nitrogen excreted, of sugar artificially produced by the injection of phloridzin, and the freezing-point of the urine in each separate specimen. In health these three elements are alike on both sides. In disease they differ, the kidney which is the seat of the disease producing less of each. After numerous experiments he has arrived at the opinion that whenever we are treating cases of abdominal surgery, with difficult differential diagnoses, such examinations are both advisable and necessary.

POSSIBLE CURATIVE EFFECTS OF THE NEW ELEMENT RADIUM.

To the Editor of the MEDICAL NEWS:

DEAR SIR: A few days ago appeared in the papers an account of an Atlanta man who had been cured of a cancerous growth by the use of the cathode ray. Whether or not the curative effects of this method of treatment have been fully proved, it certainly is a fact that there has been considerable experimenting along this line, and, according to the reports of many of the experimenters, there has been in some cases at least, an encouraging amount of success.

It would be a matter of much interest if experiments of a similar kind could be carried on with the recently-discovered element radium. The properties of this element, as described in recent numbers of the *Comptes Rendus*, are so remarkable and are so similar to those of the cathode ray that it seems probable it could accomplish all that the latter could accomplish and perhaps more. Moreover, the radium, if found effective, could be applied in a most convenient form. At the present time the new element is extremely rare and correspondingly costly; but, should the demand for it arise, it cannot be doubted that the supply would be found to increase.

Henri Becquerel, the eminent French physicist and discoverer of the peculiar rays that bear his name, describes the experience of himself and M. Curie, who has the honor of having discovered the new element. M. Curie allowed the rays ordinarily emitted by radium

to pass through a sheet of gutta-percha and act on his skin for ten hours, the specimen of material used being comparatively impure. The skin soon reddened and presented all the appearances of a burn. At the end of several days the redness had very materially increased in intensity and the tissue broke away. It was about six weeks before healing had fairly started and ten days later the wound was still open.

Becquerel himself had an accidental experience of the same kind and one equally unpleasant. In transporting a few decigrams of a very pure radium chloride he placed the material in his vest pocket. The radium chloride was in a sealed glass tube and this was wrapped in paper and placed in a cardboard box. It was on the 3d and 4th of April that he carried the material, which remained in his pocket for a total time of not far from six hours. In order to affect the underlying skin it was necessary for the rays to traverse the glass of which the tube consisted, the paper wrapper enveloping it, the cardboard of the box, and several thicknesses of cloth. Yet on the 13th of April a red spot appeared on the skin immediately under the place where the active material had rested, a spot, too, that was the same shape and size as the tube containing the radium. The affected place soon developed all the outward appearances of a severe burn and forty-nine days elapsed before it had healed. As an indication of the strength of this action, it should be mentioned that, while the original wound was under treatment, a second and less severe one made its appearance opposite another part of the same pocket, showing that for a short time the small package must have been in a new position.

Madame Curie, who has been associated with her husband in the investigation of this substance, was burned in a quite similar manner, though less severely, the rays being compelled to traverse the thin walls of a metal box in which a sealed tube had been placed. The purified radium is so active in its effects on the skin that the experimenters frequently found it inconvenient to handle the tubes or capsules containing the material, the fingers being burned.

If the new element has effects so remarkable when applied to the skin, might it not be found to have all the effects of the X-ray? And might it not be possible that these powers could be utilized in medicine? If the effects should prove desirable, it would certainly be far easier to use this remedy, for it could be applied directly for any length of time and in any desired strength.

EDWARD BOOTH,
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SOCIETY PROCEEDINGS.

NEW YORK COUNTY MEDICAL SOCIETY.

Stated Meeting, Held November 25, 1901.

The President, George B. Fowler, M.D., in the Chair.

Address of the Retiring President.—Dr. Fowler reviewed some of the work of the County Medical Society since its formation nearly a century ago. He dwelt especially on all that the New York State Medical Society, whose origin was due to the New York County Society, had done to secure organization among medical men in this country. He said that by an unfortunate misunderstanding the New York County and State Societies had ceased to exercise their proper functions as integral parts of the American Medical Association, but that the

principles of which they had been the exponents had undoubtedly proved themselves the true ones that must guide medical action. It seemed to Dr. Fowler then that the time was ripe to hope for union between the New York State Medical Society and the American Medical Association, and he expressed the wish that the new administration would see such a union effected.

Address of the President-Elect.—Dr. Frank Van Fleet, the incoming president, said that for the ninety-sixth time the County Medical Society of New York was listening to the annual address of a new president. Despite the long years of service of the Society to the profession of the State and of the country, a lamentable misapprehension keeps the New York State Society from association with the National body of physicians in the country. While the friendliest feeling exists between the vast majority of the members of the New York County Medical Society and the New York County Medical Association, the best proof of which is the fact that 67 per cent. of the members of the New York County Medical Association are also members of the New York County Medical Society, still the two organizations exist and the fact of their dual existence lessens their usefulness and influence. (We print in this week's issue the complete address of Dr. Van Fleet.)

Committee on Reconciliation.—After the President's address Dr. D. St. John Roosa offered a resolution to the effect that a committee of five should be appointed by the president of the New York County Medical Society to confer with a similar committee from the New York County Medical Association for the purpose of discussing the ways and means of reconciliation between the two bodies so as to bring the matter formally before the New York State Medical Society at its next meeting in Albany. This resolution was adopted without a dissenting voice.

Prophylaxis of Venereal Diseases.—Dr. Prince A. Morrow, Chairman of the Committee of Seven appointed last February by the President of the New York County Medical Society to discuss the subject of the prophylaxis of venereal diseases in New York City, then read an abstract of its report. The full report appears in this week's issue of the *MEDICAL NEWS*.

Regulation of Prostitutes.—In the discussion Dr. Ferdinand Valentine said that with regard to the regulation of prostitution and the consequent diminution and prophylaxis of venereal diseases, the main difficulty is the state of public opinion with regard to these questions. The public absolutely refuses to listen to medical warnings with regard to the dangers involved, and even refuses to concede the existence of the social and physical evil, at least to anything like the extent to which they really exist in our midst. It is not difficult to propose remedies that will surely be effective, and the Committee has certainly been thoroughly conservative and eminently judicious in their discussion of the possible means of regulation. For this the medical profession owes them sincere thanks.

Segregation as a Remedy.—The present condition of prostitution has certain indications that should be of service for its regulation. Naturally, prostitutes walk in certain quarters of the city and thus point out that their aggregation in certain places represents the next possible step in the regulation of the evil. This segregation should be either in districts or, as the Committee suggests, in domi-

ciles. In order that this method should be efficacious the districts or houses selected for occupation by prostitutes should be rigorously policed and should be kept constantly under the eye of the higher authorities so as to prevent the evils that might flow from police complacency with regard to vice for interested reasons. As is the rule in certain countries in Europe, visitors to public houses of prostitution should be warned of the character of the house they are about to enter. Each visitor should be provided with an official printed circular pointing out the dangers of venereal diseases and the most approved method for their prevention. At least then the public duty will have been done in providing proper warning of evils of which the visitors to such institutions may not have proper knowledge.

Education of Public.—In addition to the direct and immediate instruction furnished by circulars, the medical profession should make its influence felt for the education of the public with regard to the dangers of venereal disease and especially their presence widespread in our midst. As a matter of fact, at the present moment the proper recognition of these conditions by the general public is extremely meager. Knowledge means more for the protection especially of the young than any other possible precaution that can be taken. The evils under consideration are inevitable, but the exercise of proper safeguards can make them as little effective for evil as possible. The medical profession owes it as a duty to itself and to the public to make perfectly clear the present condition of affairs with regard to these diseases.

Prize Essay on Venereal Diseases.—Dr. S. Adolph Knopf said that in the present battle against tuberculosis the German Government, by the advice of some of the best and most practical medical men in the world, had decided that one of the most opportune and promising methods of teaching the public the necessity and manner of guarding against the spread of tuberculosis was to publish an essay that gave them the necessary information in a complete yet thoroughly popular and intelligible manner. This essay had been obtained as the result of a prize competition in the matter offered by the German Society for the Prevention of Tuberculosis and after the decision for the prize had been distributed widely throughout the German Empire. Dr. Knopf thinks that this same method would prove efficacious for the prophylaxis of venereal diseases. The problem presented by the two sets of cases are very nearly similar in the factors that make them up. Dr. Knopf offered a resolution that the New York County Medical Society take into consideration this question of giving a prize for a popular essay on the avoidance of venereal diseases. This essay could after the prize decision be distributed widely and so form the basis for well-grounded knowledge in the public mind with regard to this important question. This resolution was adopted and was referred by the President of the Society to a committee for due consideration and report.

Candid Medical Declaration.—Dr. Lapowski said that the most important announcement that the medical profession could make in the matter of a venereal disease, in order to give the public true ideas with regard to them, was the candid declaration that physicians are practically not able to say that they can ever cure them. The present laxity of public opinion with regard to the danger of vene-

real diseases is due to the fact that the public has an overconfidence in power of physicians to heal them. One is never able to say that a case of syphilis is cured. One can relieve the symptoms of the initial stages of the disease and can give the patient some confidence as to his condition, but one can never assure him that he will not have relapses, and, after relapses have occurred and have seemingly been successfully treated by remedies, no assurance can be given against their future recurrence. With regard to gonorrhea, one is almost in the same condition. One knows when a gonorrhea begins, according to the expression of a famous French venereal specialist of half a century ago, but one cannot say when it will end. Here, too, one is able to relieve symptoms and sometimes even to effect a cure; but in any given case one can not be sure of bringing about this eminently-desirable result. An elaborate system of police regulation of prostitution has been instituted at Breslau under the immediate direction of Neisser, the discoverer of the gonococcus. There the prostitutes are thoroughly examined at stated intervals, not by ordinary inspection alone, but by means of the microscope. The result of this rigorous examination has been to beget overconfidence in the general public as to their protection against gonorrhea in intercourse with the prostitutes who are under municipal regulation. The statistics of Breslau show that there is a greater amount of gonorrhea to the thousand of population than in any city in Europe. This may be partly due to the fact that the statistics of gonorrhea are better kept at Breslau than elsewhere, but it is also undoubtedly due to the false confidence begotten of faith in legal regulation. With regard to the young, particularly, Dr. Lapowski believes that they should be sedulously warned of the dangers of venereal disease and of the possibilities of their easy contraction. Dr. Lapowski himself will never forget the last word to his class of one of his old professors at Warsaw: "Remember that one cannot be too careful with regard to the contraction of venereal disease. Slight and innocent contact may have serious results. Never kiss a young woman until you have thoroughly assured yourself that the glands at the back of her neck are not swollen."

SOCIETY OF DERMATOLOGY AND GENITO-URINARY SURGERY OF NEW YORK.

Stated Meeting, Held November 8, 1901.

The President, R. H. Greene, M.D., in the Chair.

Tuberculosis of the Testicle.—Dr. H. H. Morton reported a case of tuberculous testicle, with the following history: W. P., aged 49 years, plumber; father died of phthisis; patient has always been in good health until six weeks ago when the present trouble began. He vaulted over an area railing six or seven steps high, but for the moment did not experience any pain. The second day afterwards his testicle began to enlarge and feel very painful, reaching its maximum size in about two days. Then it remained stationary for four weeks. Two weeks ago it began to soften at one point. The pain which had been present all the time continued. An examination showed that the right testicle was enlarged, it was adherent to the scrotum and soft at one point. The cord was enlarged and thickened, the seminal vesicles and prostate as felt *per rectum* were normal. Operation was performed on October 12th, consisting in castration, and at the

same time circumcision for elongated and phimotic prepuce. On removal the testicle was found to be riddled with small abscesses filled with pus and detritus.

Dr. Morton regards as the interesting feature of this case the very unusual history which the patient gave and which would lead one to suspect a traumatic hematocele occasioned by a "snap the whip" action of the cremaster muscle, rupturing some of the testicular veins, instead of an uncomplicated but very rapid form of tuberculous infiltration.

Dr. Ramon Guiteras, in discussing the case, said that some time ago he operated upon a patient whose condition was the same as that which Dr. Morton describes. The patient had received six months previously a blow by falling or jumping, after which his scrotum had become ecchymosed, swollen, and painful to the touch. The swelling decreased, and left a hard, smooth, solid tumor which resembled that of hematocele. An incision was made through a dense, thickened tunica, and two ounces of prune-juice-colored fluid escaped. The testis and epididymis were then seen to have a lardaceous look, and to be enlarged. The organs were evidently diseased, although the induration was general and there was no nodular formation. He removed the testis and submitted it to a pathologist, who reported it to be tuberculous. It must be remembered that, although tuberculosis of the testis usually shows itself in nodules which later on break down and suppurate, such testes are sometimes perfectly smooth. He recalled a case in his service at the City Hospital, that of a man, forty-five years of age, who had one testis removed, presumably for tuberculosis, and who had entered the hospital on account of an abscess in the remaining testicle. Examination showed the testicle to be enlarged, hard, ovoid in shape, and perfectly smooth. The epididymis was stretched out over it, and there was a sinus running up into its globus minor. The patient was told that the gland would not be removed unless absolutely necessary. Dr. Guiteras intended to open up the sinus, curette it, cauterize it with carbolic acid, etc. Accordingly, he enlarged the opening and began to curette. A large amount of tuberculous tissue was removed and the sinus was found to communicate with the testis proper. Continuing to remove tuberculous tissue, he found, to his surprise, that the entire cavity of the gland had been removed, and nothing but the capsule of the testis had remained. The capsule did not collapse, but retained its shape like a shell. What had seemed to be a smooth, round tumor, hard like a syphilitic testicle, was in reality a shell full of tuberculous detritus. The whole gland was, of course, removed later on.

Cancer of Testis.—Dr. Morton also reported a case of cancer of the testicle, with operation. J. S., artist, aged thirty-nine years; father died of old age; mother, of pulmonary tuberculosis; the patient had never had any venereal disease. One year ago noted growth in testicle as large as a bean. This grew rapidly larger and attained its full size in two weeks. During all this time patient had no pain until six weeks ago, when some pain was experienced in the back at night, but none during the day while up and about. Patient has become emaciated during the last three months, particularly in the last five weeks, losing about forty pounds in three months. On examination lungs and abdomen were found normal. The testicle on palpation was smooth, oval, but showed a distinct fluctuation; the spermatic cord was not

enlarged. On testing the translucency with a lighted candle and a tube the tumor was found to be opaque. On aspirating with a hypodermic exploring needle a few drops of blood and bloody serum were withdrawn. After making an incision through the scrotum and the testicular covering, the tunica vaginalis was found to contain only one to two drams of fluid, but the whole body of the testicle was enlarged by a soft fleshy growth. The spermatic cord was not thickened and on this account one of the important diagnostic signs of malignant disease of the testicle was not available. Dr. Morton thinks that this case emphasizes the difficulty of making a diagnosis in certain cases of testicular new growth. In the present instance a hydrocele, with thick walls and inspissated and bloody contents, was supposed to be present, until an incision proved the solid character of the tumor. Specimens of both cases were presented to the society.

A New Urethroscope.—Dr. F. Cabot presented a new urethroscope. According to his opinion the source of light used in urethroscopy should be placed at the distal end of the tube, as is the case in the instrument devised by Dr. C. H. Chetwood. In Dr. Cabot's instrument there are some main and some minor improvements. In the first place, the lumen of the tube remains unobstructed by the lamp and its holder, which has been placed in a chamber. This chamber protrudes somewhat, but very slightly, into the lumen of the tube, so as not to interfere in any way with the inspection or the free use of applicators. Furthermore, the chamber increases the size of the tubes only two numbers, as measured by the French scale. The lamp and connecting wires are sealed within the holder, so that they can be washed and even boiled without being

once by simply turning on the electric current. In addition to these points another improvement has been made by doing away with the switch usually

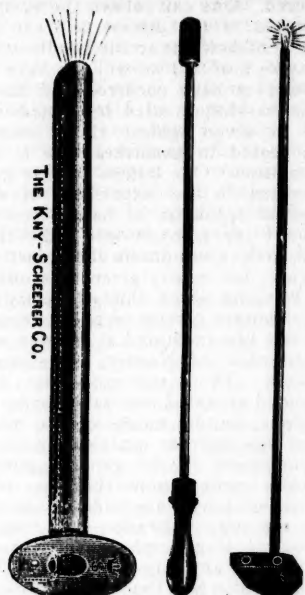


FIG. 2. a, Light-carrier; b, Obturator; c, tube.

placed on the lamp holder, the turning on and the regulation of the light being effected by the rheostat of the battery.

Cystitis Due to Mixed Infection.—Dr. Bierhoff reported a case of cystitis due to a mixed infection of the gonococcus and bacterium coli. The patient was a woman, aged twenty-one years, who had been ill four or five weeks with severe symptoms referable to the bladder. The condition began with increased frequency of urination accompanied by more or less burning and tenesmus, these symptoms steadily growing more intense. Two weeks ago she came under the care of Dr. McBarron, who employed vesical irrigation, which was followed by some relief, but internal medication had to be substituted for this method of treatment, because the catheter caused considerable pain. She has become much emaciated and has a slight temperature. Examination of the urine showed pus, epithelium and staphylococci, and the condition was regarded as being of renal origin. Of late the urine has been decidedly purulent and the patient has been confined to bed. She has to urinate about every fifteen minutes day and night, and the act is accompanied by great tenesmus and burning. No blood has been passed. Both kidneys were easily palpable, slightly mobile, the right more so than the left; neither of them is enlarged nor tender. A purulent urethral and vaginal discharge and some tenderness in the vagina over the neck of the bladder are present. Introduction of the catheter is exquisitely painful. A small quantity of very turbid urine was withdrawn by the catheter. A one-per-cent. solution of cocaine injected into the bladder did not relieve the pain sufficiently to permit irrigation. The patient was then deeply anesthetized, but only 70 to 75 c.cm. of fluid were tolerated, a greater quantity being expelled at



Fig. 1. Urethroscope Ready for Introduction.

injured thereby. A great advantage of the instrument is that the obturator and lamp are both left in place when the instrument is introduced into the urethra, so that after the withdrawal of the obturator an inspection and application can be made at

once. Cystoscopic examination revealed marked inflammation over the entire sphincter region and trigone and the entire mucous membrane showed an irregular, roughened surface with a folded and very reddish appearance. Both ureteral orifices were large and pouting, the left, together with its surrounding membrane, appeared to be more inflamed than the right. The ureteral catheter withdrew clear urine from right kidney which appeared to act very freely; on the left side the catheter was arrested at a point 5 mm. from the ureteral orifice. A sound introduced afterward was likewise arrested. The diagnosis made was cystitis suppurativa acuta, presumably of gonorrheal origin. The treatment consisted in urethral and vesical irrigations with a one-per-cent. boric-acid solution without catheter, followed by injections into the bladder of one-fourth to one-per-cent. nitrate of silver solution. The vagina was irrigated with protargol solution, one-half to one per cent., and then packed with gauze strips saturated with five-per-cent. protargol in glycerin. Morphine was given *per rectum*. The patient made a slow but complete recovery. Examination of the urine withdrawn by means of a sterile catheter showed the presence of pus with vesical epithelium and two varieties of micro-organisms, a short, plump diplobacillus, presumably bacterium coli and typical intracellular and extracellular gonococci which reacted positively to Gram's stain. Smears from the urethra and vagina revealed the presence of intercellular and extracellular gonococci and colon bacilli in the former and many varieties of micro-organisms, but no gonococci, in the latter.

Mycosis Fungoides.—Dr. Lapowski presented a case of mycosis fungoides in its prefungoid state. The patient was a nurse, forty-two years of age, born in Ireland, who had been in good health up to her twenty-ninth year, when she had an attack of quinsy and rheumatic fever lasting two months. Eight years ago she contracted diphtheria and a year later an eruption developed on her body and still exists in the same form. The first patches appeared on the right arm, gradually spreading over the body and affecting principally the flexor and also part of the extensor surface of both upper and lower extremities, the neck, trunk, abdomen, sacral region and buttocks. The palms and soles have been and are free from the eruption. The scalp has the appearance of a pityriasis sicca, and on both cheeks several dry, eczematous patches are present. The size of the patches ranges from that of a pea to a half dollar, of round or oval shape, sharply defined and only very slightly projecting above the surface of the skin. They are brownish-red in color, discrete and isolated. The surface is dry, slightly scaly. The skin folds are well marked, some of them slightly infiltrated, giving a peculiar feeling of hardness when taken between the fingers. The patches extend peripherally, but do not clear up in the center; glands, mucous membranes, nails and hair are in normal condition. There is absolutely no change in the location, extension and color of the lesions since the patient was first seen five years ago, except that some patches have disappeared. No subjective symptoms of any kind are present. As regards treatment a great many remedies have been employed in the form of ointments and plasters, and iron, arsenic, strychnine, iodide of potash, thyroid extract, etc., have been given without benefit. Only the application of Churchill's tincture of iodine produced a marked but temporary

improvement, the patches disappearing and leaving dark-brown marks, but soon reappeared without responding again to the tincture of iodine.

Dr. Morton said that the patches resembled very much those of squamous eczema as they are seen in persons with a pale, anemic integument.

Dr. Goldenberg suggested that the case might belong to that class of skin diseases described as leucemia cutis or lymphodermia. An examination of the blood should therefore be made. The history of the case is strongly in favor of mycosis fungoides, still he would expect a little more infiltration of the patches and the presence of itching.

Dr. Leviser said that in two cases of mycosis fungoides he had observed the sudden disappearance of some of the lesions in what seemed to be an erratic manner and entirely independent from treatment, as in Dr. Lapowski's case, and he considers it one of the characteristics of this affection. Even when the disease is in its fungating stage some of the well-developed tumors suddenly disappear without leaving a trace, the skin, of course, never being entirely free from lesions.

On account of the fatal character of the disease an early diagnosis of the erythematous or eczematous stage is of the utmost importance.

BOOK REVIEWS.

A TEXT-BOOK OF THE PRACTICE OF MEDICINE. By JAMES M. ANDERS, M.D., Ph.D., LL.D., Professor of the Practice of Medicine and of Clinical Medicine in the Medico-Chirurgical College; Attending Physician to the Medico-Chirurgical and Samaritan Hospital, Philadelphia. Fifth Edition. W. B. Saunders and Co.: Philadelphia and London.

A Text-Book of medicine that runs rapidly through several large editions needs no praise, and for our opinion of the present work we refer the reader to our favorable comments on former editions. The more important changes noted are the thorough revision of the infectious diseases, the bringing up to date of the section on nervous diseases, and the addition to the work of some new articles, such as fatty infiltration of the heart, streptococcus pneumonia, etc. Under malaria and yellow fever, brief but sufficient résumés are given of what has been done to establish the transmission of these diseases by the mosquito. Splenic anemia occupies a section, although the author holds that many of the cases are really pernicious anemia, or secondary anemia with splenic enlargement.

A TEXT-BOOK OF OBSTETRICS. By BARTON COOKE HIRST, M.D., Professor of Obstetrics in the University of Pennsylvania; Gynecologist to the Howard, the Orthopedic, and the Philadelphia Hospitals, etc. Third Edition. W. B. Saunders and Co.: Philadelphia and London.

THE new idea of substituting photographs for text is followed with success to a marked degree in this work, yet there is excellent and ample reading-matter for the elucidation of the subject. The nature of perineal tears, the molding of the head, the positions occupied by the fetus, the mechanism of labor, the method of applying forceps, and the performance of version become clear to the mind on studying these pictures, in a way impossible from the most elaborate text. Deformities and obstructions to labor are also well illustrated. The author has had the good judgment, in this practical work, to make his chapters on anatomy, embryology

and mere curiosities brief and to the point. He has considered and dwelt upon the problems which confront the general practitioner at every turn, and in so doing has prepared a book eminently fit for students as well. The diseases of the new-born are treated of rather too briefly. In the treatment of asphyxia, the useful method of artificial respiration by alternate doubling up the body to deflate the chest and hyperextension to inflate it is not mentioned.

ON PARALYSIS AGITANS. With an Account of the Clinical Features of Other Forms of Tremor. By R. T. WILLIAMSON, M.D. (Lond.), F.R.C.P., Physician to the Ancoats Hospital, Manchester, and Assistant Lecturer on Medicine, Owens College. Sherratt & Hughes, Manchester.

THIS little book contains a good résumé of our present knowledge of paralysis agitans. It consists mainly of a clinical study of the disease in its somewhat varying forms. Of the pathology of the disease the author confesses that "it may be truly said that as yet we see through a glass darkly." As a matter of fact, very little has been added to our knowledge of the disease since Parkinson originally described it in England in 1817. Dr. Williamson's idea is, by bringing all of our present knowledge of the disease into small compass, to call renewed attention to it and so lead, perhaps, to active interest that shall broaden our views with regard to the disease. The study of other forms of tremor makes the book especially interesting to the general practitioner.

THE INTERNATIONAL CLINICS. Volume III, Eleventh Series. A Quarterly of Clinical Lectures and Especially Prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and Other Topics of Interest to Students and Practitioners. By Leading Members of the Medical Profession Throughout the World. Edited by HENRY M. CATTELL, A.M., M.D. J. B. Lippincott Company, Philadelphia.

THE present volume of the "International Clinics" has for its opening article a thorough exposition of the methods in phototherapy invented and improved by Professor Finsen of Copenhagen. This article contains a series of illustrations of the results of that treatment, especially as applied to lupus vulgaris and cutaneous epithelioma. It is well known how much has been accomplished by Finsen's therapeutic methods. This article is by Valdemar Bie, Professor Finsen's laboratory assistant in the Finsen Institute. The technic of the employment of concentrated artificial light is the subject especially insisted on.

This volume contains in addition a series of articles on appendicitis. There is a discussion of the prognosis of appendicitis by Dr. Tubby of London; a description of selected cases of appendicitis by Dr. Deaver of Philadelphia; the surgical treatment of appendicitis by A. Routier of Paris; double nephropexy and inversion of the vermiform appendix by George M. Edebohl of New York, besides an excellent article on some acute affections of the gall-bladder and its associated ducts by Dr. Howard Lilienthal of New York, in which the differential diagnosis of biliary and appendiceal affections receives very full and practical discussion.

The section on neurology is of special interest in this volume. There is an article by Professor Arnold Pick of Prague on areas of softening in both cerebral hemispheres; an article on hereditary cerebellar ataxia and nocturnal epilepsy by Dr. D. R. Brower of Chicago; an article on the localization of nervous lesions by Dr. Alfred Wiener of New York, and an article on cere-

bellar degeneration due to intestinal intoxication by Augusto Murray of Bologna, Italy. This last article introduces a comparatively new idea into neurology, namely, the question of the degeneration of nervous tissue as the result of auto-intoxication, somewhat in the same way that the liver and kidneys seem to degenerate from this cause.

LIBERTINISM AND MARRIAGE. By Louis JULLIEN, M.D., Laureate of the French Academy of Medicine, Surgeon to St. Lazare Hospital, Paris, and Professor Agrégé of the University of Paris. Translated by R. B. Douglas. Philadelphia: F. A. Davis Company.

THIS little book is a popular exposition of certain of the evils that modern medical science has shown to be concomitant to venereal diseases. Professor Jullien has had a large experience with these diseases in the St. Lazare Hospital. This is the woman's prison of Paris, where women under the control of the police are detained when ill. The author is especially competent to write on this subject. It is only of late years that the realization of some of the dangers that he points out has come even to the medical profession. In our large cities we are coming to appreciate more and more how necessary are the warnings that he gives in this important matter. Much more of the sterility of modern marriage is due to previous venereal disease than has been admitted, and the question is an extremely important one from many aspects. The book is written in a matter-of-fact French style that appears somewhat startling when translated almost literally into English. It can scarcely fail, however, to be of great service in this country.

TRANSACTIONS OF THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION. Ninth and Tenth Annual Meetings. Philadelphia: F. A. Davis Company.

THIS volume contains in handy form the most recent conclusions of those who are engaged in the practical application of electricity to the diagnosis and cure of disease. A number of the papers are distinct contributions to the subject of electro-therapeutics from medical men who are most occupied with this subject. The ordinary practitioner is prone to think that greater claims are made by specialists in electro-therapeutics for the effect of electricity upon disease than are justified by the results obtained. This objection may hold perhaps with regard to some of the papers contained in this volume. For those, however, who are interested in knowing the claims advanced for electro-therapeutics it can scarcely fail to be of great interest.

Dr. Betton-Massey's articles on the treatment of cancer by the Massey method and the cataphoric treatment of cancer are of this class. Dr. William Morton's article on spark-gap currents, and Dr. Snow's article on the Morton wave current treat of special phases of applied electricity with regard to which original documents are always of more than ordinary interest. Three articles on the application of electricity to neurasthenia by Dr. Francis B. Bishop, Dr. Daniel R. Brower and Dr. William B. Benham Snow deserve attentive reading, because they represent the phase of medical application of electricity which is most generally conceded to be useful. The volume as a whole is a distinct addition to American medical literature and a definite assurance that no branch of medical science, however abstruse, is to be neglected in any important feature by American medical men.

THE INTERNATIONAL SYSTEM OF ELECTRO-THERAPEUTICS. Edited by HORACE R. BIGELOW, M.D., and G. BETTON MASSEY, M.D. Philadelphia: F. A. Davis Company.

ELECTRO-THERAPEUTICS remains one of the most alluring and one of the least satisfactory chapters in mod-

ern therapeutics. Recent advances in applied industrial electricity have made medical interest in the subject greater than ever. As the editor says in the preface, "At a time when remarkable and even spectacular progress is being made in the industrial applications of electrical force, each advance necessarily the final effort of a specialist within his special department of physics, it is but reasonable that physicians should also demand a treatment at first hand of the many questions involved in scientific electro-therapeutics rather than mere compends written by partial cultivators of the field."

The fact that the second edition of this book should be called for within a few years shows how extensive is the interest in the subject. The present volume well represents the status of electro-therapeutics as at present applied by men who have had most experience in medical applied electricity.

The section devoted to the application of electricity to gynecology and obstetrics is of most general interest. The first article, on the electrical treatment of fibroid tumors of the uterus, is supplied by Dr. Grand and Dr. Famarque, Assistants at the clinic of the late Dr. Apostoli of Paris. Other articles in this section are by Drs. A. Tripiet of Paris, Augustin Goelet of New York, J. H. Kellogg of Battle Creek, Mich., A. Laphorn Smith of Montreal; and an interesting article on ectopic gestation by Drs. Carter S. Cole and George W. Jarman, reviewed by Dr. Egbert H. Grandin, also appears.

In the section devoted to diseases of the nervous system, Dr. William J. Morton of New York, in the article on diseases of the spinal cord, gives the usual enthusiastic account of good results in the application of various forms of electricity to organic nervous disease. Unfortunately, the claims thus made are not substantiated by other and less enthusiastic practitioners of electro-therapeutics. Dr. Wm. Leszinsky of New York has a very practical article on the applications of electricity to the treatment of diseases of the peripheral nerves. The contrast between Dr. Morton's sixty pages and Dr. Leszinsky's sixteen, though the latter has a subject in which the application of electricity is surely of great benefit, is at least striking.

With regard to much of the book one is tempted to say that electro-therapeutics is not a little discredited by the overenthusiastic claims of certain specialists who obtain results which frequently lack confirmation at other hands. Within the pages of this volume, however, better than anywhere else in English, at least, can be obtained all that is known and practised, whether successfully or otherwise, in the domain of electro-therapeutics.

A SYSTEM OF PHYSIOLOGIC THERAPEUTICS. A Practical Exposition of the Methods, Other than Drug-giving, Useful in the Prevention of Disease and in the Treatment of the Sick. Edited by SOLOMON SOLIS COHEN, A.M., M.D. Volumes III., IV.—Climatology—Health Resorts—Mineral Springs. By F. PARKES WEBER, M.A., M.D., F.R.C.P. (Lond.). With the Collaboration for America of GUY HINSDALE, A.M., M.D. P. Blakiston's Son & Co., Philadelphia.

DR. COHEN's idea of a system of therapeutics is further developed in these two volumes, III. and IV. of his series. In Book I. the Principles of Climatotherapy, Ocean Voyages, Mediterranean, European and British health resorts are considered. In Book II., the health resorts of Africa, Asia, Australasia and America, Special Therapeutics and an article on the Hawaiian Islands are presented.

This contribution to therapy, in its convenient form, is especially worthy of earnest commendation. In a country where, and at a time when, far too many books are being published and people are too busy to more

than glance at titles, it is a pleasure for the reviewer to be able to say that such and such a volume stands out in distinct relief and is worth the time and the trouble to study. Such is the position of these two volumes. While in many respects they are capable of improvement, yet what shortcomings they do possess are appreciable after all by the specialist in the line and would not be any detriment to the book's value to the general student.

The topic of the treatment of disease by climate is in great need of more careful and accurate handling than has hitherto been accorded it; the works of scientific value bearing on the topic have been all too few and even the best have been greatly restricted in scope. The present volumes fully answer the highest scientific canons of the day, and they cover a field almost coextensive with the civilized globe. In fact, there is so much said about so many places that a just criticism may be made that not enough is said about numerous resorts which enjoy a wide reputation.

The work is especially valuable, by reason of the able collaboration of Dr. Hinsdale, for the American practitioner, as in the second book a complete survey is made of the field of the American health resorts.

The work of the publisher is worthy of special commendation.

THE MEDICAL NEWS VISITING LIST FOR 1902. Lea Brothers & Co., New York and Philadelphia.

For sixteen years the MEDICAL NEWS "Visiting List" has been a friend of many. It has been pocket companion, friend, bank record and reminder of engagements.

This year the "Visiting List" comes in substantially the same form. Its reading matter has been carefully revised and its schemes for denotation, alphabetical list of therapeutic hints, directions for examination of the urine, modes of inducing artificial respiration and ligation of arteries, tables of doses, diseases and their remedies, weights and measures and other features, all combine to make this an exceedingly valuable book for the physician's daily round.

Its small size, strong binding and well-proportioned pages make it essential for the record of the many details of practice or business.

DICTIONARY OF PHILOSOPHY AND PSYCHOLOGY. Including Many of the Principal Conceptions of Ethics, Logic, Aesthetics, Philosophy of Religion, Mental Pathology, Anthropology, Biology, Neurology, Physiology, Economics, Political and Social Philosophy, Philology, Physical Science and Education, and Giving a Terminology in English, French, German and Italian. Written by Many Hands and Edited by JAMES MARK BALDWIN, Ph.D., Hon. D.Sc., Hon. LL.D., Stuart Professor in Princeton University. In Three Volumes. Vol. I. New York and London: The Macmillan Company. \$5.00.

THIS work is a veritable *index rerum* of science, pure and applied, as well as a dictionary of philosophy and psychology. It is more than a dictionary; it is almost an encyclopedia. For many years it has been in preparation. Dr. Baldwin has had associated with him scholars from almost every seat of learning and he is to be congratulated in this, the first volume, of the enterprise. We recommend it most heartily to all those interested in science. Great pains are manifest in the preparation of the terms relative to positive science, such departments as biology, in which so many important advances have been made in the past few years, being especially complete, and the topics discussed, the modes of spelling, the questions of terminology and of classification have all received attention from scholars

evidently equipped, in the best senses of the word, for such questions.

For students of psychology, neurology and psychiatry, this work makes special appeal in that the terms of these sciences, usually so difficult of translation in different languages, have received very careful consideration by a united board of editors. This feature marks a great step forward for the English student of psychology. Special bibliographies make the work of immense value. No matter what the subject under discussion may be—alphabet, alternating insanity, brain, cleptomania, emotional insanity or language—each has a short bibliography of the most recent and best authors who have discussed these problems.

It is particularly refreshing to find such sharp, terse definitions of terms which in other works are long drawn out and almost impossible of understanding.

The publishers' problems have been well handled and the work is one to recommend from every point of view as an evidence of good workmanship and high scholarship.

MANUAL OF CHEMISTRY. A Guide to Lectures and Laboratory Work for Beginners in Chemistry. A Text-Book Specially Adapted for Students of Medicine, Pharmacy and Dentistry. By W. SIMON, Ph.D., M.D., Professor of Chemistry in the College of Physicians and Surgeons of Baltimore. Seventh Edition. Thoroughly Revised. New York and Philadelphia: Lea Brothers & Co.

We have had occasion in commenting on previous editions of this work to express the criticism that for the purposes set forth this is one of the best works of its kind. Continued revision has improved it greatly.

In this present revision certain trends in modern-day chemistry have been well and adequately pointed out. Thus, the engaging subject of physical chemistry, with its wealth of new ideas bearing on the electrolytic theories and phenomena, is brought to the attention of the student and the fundamental principles very clearly expounded. Much more might have been added with profit for the student of medicine since medical literature is now bristling with the brilliant results of physico-chemical studies on toxic action, pharmacology, antiseptic action, etc.

The chapters on physiological chemistry have been enlarged and rounded out, thus bringing this fundamental structure of physiology into modern lines for the beginner.

The character of the work from the purely mechanical and artistic standpoints is particularly worthy of commendation.

HUMAN PHYSIOLOGY. Prepared with Special Reference to Students of Medicine. By JOSEPH HOWARD RAYMOND, A.M., M.D., Professor of Physiology and Hygiene in the Long Island College Hospital, and Director of Physiology in the Hoagland Laboratory. Second Edition. Philadelphia: W. B. Saunders & Co.

The assumption that in the short time allotted to the study of physiology in medical schools students can assimilate only the main facts and principles of the subject is perhaps a justifiable one, and it has led to the production of a number of text-books for students' use of which the volume under consideration is a good example. It is inevitable that in such a book many subjects must be dismissed with less consideration than thoughtful students will demand for them. Prof. Raymond frankly recognizes the deficiencies growing out of his voluntarily-assumed limitations of space in referring those who desire fuller knowledge to the larger works on physiology.

On the whole the author has avoided plunging his readers into difficulty by adhering to a style at once brief and lucid. He does not steer clear of what he calls the more "recondite and abstruse phases" of physiology, however, when he undertakes to dispose of doubtful matters by verbatim quotations from authors holding fundamentally inconsistent views. Thus, in adjacent paragraphs, Gray is made to say that splenectomy is necessarily fatal, while Schäfer is quoted to the effect that the spleen "is in no way essential to the normal nutrition of the body." The citation of clinical histories of cases of cretinism, in the chapter on ductless glands, is in questionable taste. If a similar plan were adhered to throughout the book we should have a work on physiology containing clinical histories and illustrations of cases of renal disease, hepatic disease, and so on without limit. Anatomical Plate III. is very well printed, but, as presumably it is intended to picture normal organs in their proper positions, it would be advisable to represent the greater curvature of the stomach as reaching not quite below the level of the umbilicus. The illustrations are numerous and as a rule useful, and the volume as a whole will serve its purpose well.

BOOKS RECEIVED.

The Medical News acknowledges the receipt of the following new publications. Reviews of those possessing special interest for the readers of the Medical News will shortly appear.

INTERNATIONAL CLINICS. Edited by Dr. H. W. Cattell. Vol. III. Eleventh Series. 1901. J. B. Lippincott Company, Philadelphia.

A MANUAL OF THE PRACTICE OF MEDICINE. By Dr. F. Taylor. Sixth Edition. 8vo, 1030 pages. Illustrated. P. Blakiston's Son & Co., Philadelphia.

THE ROENTGEN RAYS IN MEDICINE AND SURGERY. By Dr. F. H. Williams. 8vo, 658 pages. Illustrated. The Macmillan Company, New York.

A LABORATORY HAND-BOOK OF URINE ANALYSIS AND PHYSIOLOGICAL CHEMISTRY. By Dr. C. G. L. Wolf. 12mo, 190 pages. Illustrated. W. B. Saunders & Company, Philadelphia and London. \$1.25.

THE SURGICAL TREATMENT OF DISFIGUREMENTS AND DEFORMITIES OF THE FACE. By Dr. John B. Roberts. Second Edition. Brochure, 72 pages. Illustrated. The Philadelphia Medical Publishing Co.

ON PARALYSIS AGITANS WITH AN ACCOUNT OF THE CLINICAL FEATURES OF OTHER FORMS OF TREMOR. By Dr. R. T. Williamson. Brochure, 70 pages. Illustrated. Sherratt & Hughes, Manchester.

A SYSTEM OF PHYSIOLOGIC THERAPEUTICS. Edited by Dr. S. Solis Cohen. Vols. III-IV. **CLIMATOLOGY.** By Dr. F. Parkes Weber, with the collaboration in America of Dr. Guy Hinsdale. 2 vols. 8vo, 336, 440 pages. Illustrated. P. Blakiston's Son & Co., Philadelphia.

THE STANDARD MEDICAL ANNUAL. By Dr. A. S. Burdick. 8vo, 921 pages. Illustrated. G. P. Engelhard & Co., Chicago.

A REFERENCE HAND-BOOK OF THE MEDICAL SCIENCES. New Edition. Edited by Dr. Albert H. Buck. Vol. III. Chl.-Equ. Quarto, 860 pages. Illustrated. William Wood & Company, New York.

AMERICAN EDITION OF NOTENAGEL'S ENCYCLOPEDIA. TYPHOID AND TYPHUS FEVERS. By Dr. H. Curschmann. Edited by Dr. William Osler. 8vo, 646 pages. Illustrated. W. B. Saunders & Co., Philadelphia and London.

ATLAS AND PRINCIPLES OF BACTERIOLOGY AND TEXT-BOOK OF SPECIAL BACTERIOLOGIC DIAGNOSIS. By Drs. K. B. Lehmann and R. O. Neumann. Second Edition. Edited by Dr. G. H. Weaver. In Two Volumes. W. B. Saunders & Company, Philadelphia and London.